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841	‡ ·
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	N.º

PL	ACE	OF	DEATH	
County	Ba	lti	more.	

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	9	2-	d	26	Ì
	2.0	2		100	1

STATE OF MARYLAND CERTIFICATE OF DEATH

		s	Registrat	ion Dist. No.	4
Village or City Dundalk, (N 2FULL NAME Tekla Till		axwell Ave	St:W	a hospital tion, give	occurred or instit its NAME i street an
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDIC	CAL CERTIFICA	TE OF DEATH	
Female White Single MARR WIDOO OR DI (Write	NED. NOR Menniad	16 DATE OF DEATE	you	30	(Year)
September 29t		The T	Y CERTIFY, That	attended the	censed from
(Month) (7 AGE 49 yrs. 7 mos. 0	I day hrs	and that death occur The CAUSE OF DEA	rred on the date st	tated above, at,	1920 1-P-n
a OCCUPATION (a) Trade, profession or particular kind of work Housewif (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE	e	Contributory Secondary	Value of (Duration)	Jyrs -	nosd
(State or country) Poland 10 NAME OF Sczepan Witkows 11 BIRTHPLACE	ki :	(Signed) 3	(Address) 6 7 7	n Unl	S and
OF FATHER Poland		Violent Causes, st	is ase Causing De tate (1) Means of	eath, or, in dea I lnjury and (2)	aths from) Whether
of Mother Josephine Cich	ocki	Accidental, Suicidal	SIDENCE (For H	ospitals, Institut	ions, Tran
13 BIRTHPLACE OF MOTHER (State or country) Poland		At place of death yrs	nos,ds.	n the Stateyrs	mosd
(Informant) Mr. Joseph Adams	KNOWLEDGE	Where was disease cont if not at place of dea Former or usual residence	.h?		
(Address) 1806 Maxwell A	ve	19 PLACE OF BURIA		May, 3rd	
15 Filed 5/1/35 192 87 mlo	orme	20 UNPLRTAKER	and I	ADDRESS	0

Registrar

If more blanks are needed, addre.s State Registrar, 16 W. Sardroga St., Balto., Lequesting V. S. No. 1.

V. S. No. 1

23

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., William laborer, Laborershould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The materia -Coal mine, etc. Locomotive engineer, Grocery; Wom-

Struement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal jener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." atic), aecident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

1. PLACE County Village or

Length of r

PERSC

2. FULL N (a) Resid

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

Male

5a, tf married, wid HUSBAND of (or) WIFE of

6. DATE OF BIRT

Trade, pro

f6. BIRTHPLACE (city or town)

(Address) 18. BURIAL, CREMATION, DR

(Address)

19. UNDERTAKER

(State or country)

901

Industry o

10. Date dece

3
CERTIFICATE OF DEATH 08862
04000
Registration Dist. Np. 38
ND. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth? yrs mos ds.
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH / (Month) (Pay) 193 35 (Year)
1 last saw ham alive on Greek (8 1935; death is sald
to have occurred on the date stated above, at 2.13 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
aveno Scleposis Date of onset 2 yr ip
Trofilery
Other Contributory Causes of Importance:
Three Strokes Cofofelepy

12. BIRTHPLACE (State or c 13. NAME 14, BIRTHPLACE (city or town) Name of operation ... Date of ... (State or country) What test confirmed diagnosis? Was there an autopsy2 Lo.

> 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?___

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury 24. Was disease or injury in any way related to occupation of deceased? tf so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

related causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
tance:	
	1 year
	ance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	AGM.	0	V	1

1	L. PLAC	E OF DE	ATH			2015
	Count	y Buli	timore			Registration Dist. No. 31
	Villag	e or City no	ear Marri	u c us vil	le	No. St., Ward
	Length	of residence In	city or town whera d	and accurred 10		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
			lartin J			3,000
						0. W
	(a) K	esidence: No.	near Mar	(Usual place		St., Ward. If nonresident give city or town and State
	PER	SONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	sex Mæle		White	5. SINGLE, MAR OR DIVORCE Marrie	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Worth) (Out) (Year)
5a.	If married HUSBAN (or) WIF		e Antkow	ick		22. 1 HEREBY CERTIFY, That I attended decassed from
6.	DATE OF I	BIRTH (month,	dey, and year) Oct	.31,188	0	11 st saw biling aliva on Asia 3 , to Color 4 , 1935 ; daath is said
7.	AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the deta stated above, at fine gam.
1		54	5	1	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
NO	8. Trade	e, profession, or	particular ne, es SPINNER,	Farmer		Fill 20 47 sails Ame quarry 3
OLIA	9. Indus	try or business	(EEPER, etcs in which			Indellured rus
quea		ork was done, a AW MILL, BAN				he tour or meners os
0	th	deceased last in occupation (month and 7 935	spai	ima (yeers) nt in this 7	
-	y	ear)		OCOL	ipation	Other Contributory Causes of importance:
12.		ACE (city or tow or country)	⁽ⁿ⁾ German	У		
ER	13. NAME	Ant	hony Ant	kowiek		
FATHER		HPLACE (city or State or country		nv		Name of operation
R			ecelia P	- No.		What test confirmed diagnosis?
MOTHER	16. BIRTI	HPLACE (city or				23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide Occurred Date of injury 22., 19.3.2.
		State or country		ny		Where did injury occur? (Specify city or town, county and State)
_		ess) Mari	Cose Anta	le Md		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.		CREMATION, OF		Date Ap. I	6th, 19955	Wanner of injury tall
19.	. UNOERTA (Addr		ew of	W L	w.	24. Was disease or injury in any way rafated to occupation of deceased?
20.	FILED A	first 4"	., 19.3.0 -	Wm 6)	nartm Registrar.	(Signed) Party M. D. (Address) Parefalleton M. D.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

jo plnods

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BOKCAD			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Harris Ha			

	state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
		1. PLACE OF DEATH	164
1	occ occ	County Dalta	Registration Dist. No. 38
M	should f OCC	Village or City Pinchurst	No. St., Ward
7	202		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	Every CIANS ement	2. FULL NAME Williams . F. Bas	
	RD. Every KSICIAN statement		un elle
		(a) Residence: No. 2) 8 Whathurs of Val (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RE.—PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	No.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warried Warried	21. DATE OF DEATH april 4 1935
G		5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN	MAN A C. assifi	(or) HIEE of Sarah, J. Barning lle	22. I HEREBY CERTIFY, That I ettended deceased from
BIN	EXE.	6. DATE OF BIRTH (month, day, and year) Dec 14885	I last saw h alive on, 19, 19; death is said
	erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
OR	IS A PE stated E properly certificate	49 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
F		Z Trade, profession, or particular	Oate of onset
园	HIS be be of	kind of work done, es SPINNER, Manages, of.	Monoyeda Jas. al. 1
3	ould may back	9. Industry or business in which work was done, es SILK MILL aix Technicion	, , , , , , , , , , , , , , , , , , , ,
RESERVED	INK.	O 10. Date deceased last worked at	
田		this occupation (month end spant in this occupation	
R	NFADING pplied. AGI erms, so tha instructions	B OF	Other Contributory Causes of Importance:
Z	I. So suct	12. BIRTHPLACE (city or town)	- Contract of the second of th
MARGIN	FA Ilie	13. NAME atrick Francis hamisell	- XIIIICION
A		7 12	
2		[State or country]	Name of operation
		15. MAIDEN NAME Sarah, Co. Stack	What test confirmed diagnosis? Was there an autopsy? 24
	LY, WIT be carefully EATH in pla important.	5 16. BIRTHPLACE (city or town) Balto Couraly.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
	be can EATH import	State or country)	Where did injury occur? Balto County
		17. INFORMANT & E. Ocomos	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
1	PLA bould OF D	(Address) 6401 Pinehwat Rd	
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	on ISE N i	Place Wood Lawre Date ,1925	Nature of injury
	-WRITE mation s CAUSE TION is	19. UNOERTAKER De Lickney & Sous	24. Was disease or injury in any way related to occupation of deceased?
No.	FOH	(Address) Balta	If so, specify
802	./3	20. FILED 4-4 19 35 E. T. Bryan	(Signed) Louis de la Royan / X M. D.
>	2(1)	Registrar.	(Address) Jawson May
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Peritonitis B days ago
		1.7 88 7.1
Other contributory causes of importance:		Other contributory causes of incortance:
Gallstones	May 1,1923	Gastroenteritis 1 year

ADI	DITIONAL SPACE FOR FURTHE	ER STATEMENTS BY PHYS	ICIAN
0//	0		1).
This Mar	unvastount	we Closed	Farage
1,000		2 1 1	1 2/1
with Crown	I tunking h	ad brewd	radahrow
11 /			
7 the			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2867
1. PLACE OF DEATH	(131)	
County Balts.	Registration Dist. No.	30
Village or City Larchmont	No. 5 Park Drine St., death occurred in a hospital or institution, give its NAME instead of street and	Ward Ward
	ds. How long in U.S. if of foreign birth?n	
2. FULL NAME Willetta Benholf		
(a) Residence: No. 5 Park Drive	St Ward.	
(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Opril 23	, 193 5
5a. If married, widowed, or divorced HUSBAND of	M LUEDEDY CEDILEY THE LAND	1111111111
(or) WIFE of	22. HEREBY CERTIFY, That I ettended Revenulin 12, 1934, to afric 2	
6. DATE OF BIRTH (month, day, and year) July 5- 1875		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$ 39-4 m.	
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	18: (
9 Trade nucleasion or nerticular		Date of onset
SAWYER, BOOKKEEPER, etc.	Chronic Myocardial	
9. Industry or business in which work was dona, as SILK MILL,	Chronic Myocardial Degemention	1919
SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and work) year) spant in this occupation (coupetion)		
12. BIRTHPLACE (city or town) Balto. Cs.	Other Contributory Cauges of Importanca:	1919
(State or country) md.	Typuna a	1919
13. NAME William Benhoth	Cheronic Furtheritis	1-1-1-4
13. NAME Wellam Benhoff	Name of operation Zerie Date of	
(State or country) Md.	A De la Oficializas	eutopsy? Zua.
15. MAIDEN NAME Releace Walker	23. If death was due to external causas (VIOL ENCE) fill in also the followin	ng:
15. MAIDEN NAME Releace Walker 16. BIRTHPLACE (city or town) Balto Co. (State or country) Med.	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Mrs. C. F. W headly (Address) 5. Park Din (Larchstone)	(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ate) LACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury	
Place Oallawn am. Date april 25, 1936	Neture of injury	
19 UNDERTAKER George W. Jukler	24. Was disease or injury in any way releted to occupation of decaased?	Tro
(Address) 1737 E. Enge St.	If so, specify A	
20. FILED april 24, 1935 marshall B West	(Signed) Joshua H. Urmacost	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Buopau V. s.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



PLACE OF DEATH STATE OF MARYLANI CERTIFICATE OF DEATH Registration Dist. No. 32 EXACTLY, iy classified (If death occurred in Ward) properly clas a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. pe may be n back WIDOWED OR DIVORCED (Write the word) pinou 6 DATE OF BIRTH 17 on instructions that (Month) (Day) (Year) IIf LESS than 7 AGE 0 et death occurred on the date stated above, at 0 I day hrs. supplied terms min.? B OCCUPATION n ter ESERV (a) Trade, profession or particular kind of work Cleroplane accident. in plai (b) General nature of industry business, or establishment in importa which employed or (employer) TH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country be EA (Durstion) DO 10 NAME OF 34 FATHER 00 (Address) 11 BIRTHPLACE OF FATHER ation ECAUSI *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country and 12 MAIDEN NAM œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform hould state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.......ds. State______mos____ (State or Country) Where was disease contracted, if not st place of des.h?. Every Item CIANS sho statement usus I residence 4303 Belvien Ave WArlington (Address) 20 UNDERTAKER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Baltol Requesting

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, engineer, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved by Committee on carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: *Measles* (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the Meastes;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

3
08869
adioa

(31)	
Registration Dist. No. 31	_
Alo.	Ward
eath occurred in a hospital or institution, give its NAME instead of street and	number)
ds. How long in U.S. if of foreign birth?yrsm	osds.
St Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day)	, 193 5
	(Year)
22. ALI HEREBY CERTIFY, That I attended	deceased from
19.35 to afril 2	9., 1935
I last tow h M alive on While My , 19 35	; death is said
to heve occurred on the dete stated ebeve, et	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.
	Data of onset
Urema	4/20/25
	1
Other Coatributory Causes of importance:	
Edware Trephytis	
Tursocardiffis (Chronic)	
Name of operation	
What test confirmed diegnosis? Was there an a	utopsy? Lo
23. If death was due to external causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of Injury	
Where did injury occur?	
(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	(e)
Specify whether injury occurred in Industry, in Home, of in Public PL	AUE.
Manner of injury	
Nature of Injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) There	M. D.
(Address) Carleton, Jane	1
N Charles Carnet Baltiman Barrett St. C. M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(Q & Q)			
Other contributory causes of importancers		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

ORD. Every item of PHYSICIANS should Exact statement of

properly classified

See instructions on back so that it may

	000111
HEALTH	DEPARTMENT—CITY OF BALTIMORE

PARMITY

HEALTH DEPARTMENT	-CHI OF BALTIMORE (1887)
CERTIFICAT	E OF DEATH (3) Reg. clist. #38
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. 502 Dunkirk Ros	St.,Ward) a hospital or institution give its NAME instea of street and number.)
	.mosds. How long in U. S. If of foreign birth?yrsmosds
2. FULL NAME John Joseph Bopp	
(a) Residence: No. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Male White Married	21. DATE OF DEATH (month, day, year) April 21/3,59 22. I HEREBY CERTIFY, That I attended deceased from
111111111111111111111111111111111111111	Feb. 13, 1935 to April 21, 1903.
ia. If married, widowed, or divorced HUSBAND of (or) WM KEXX Agnes Mary Bopp	I last saw h. Walive on April 20, 1934. Death is sai
DATE OF BIRTH (month, day, year) July 4, 1867	to have occurred on the date stated above, at S.3.5A.m.
7. AGE Years Months Days If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:
ormin.	Peryocardial +1150//itrey about
kind of work done, as spinner, Od Delel sawyer, bookkeeper, etc	adenoisones primary in the Shine
9. Industry or business in which work was done, as silk mill, B. & O. R. R.	of the scalfer Dunation anglit months of stage
saw mill, bank, etc Dato deceased last worked at this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Baltimore, Md (State or country)	A Right Taw, and Stortach; 5mo
	then temporal region a Coth sides
13. NAME Gregory Bopp	Name of operation None Date of
I4. BIRTHPLACE (city or town) Germany (State or country)	What test confirmed diagnosis? Was there an autopsy? A. O. 23. If death was due to external causes (violence) fill in also the fo
15. MAIDEN NAME Elizabeth Seibert	iowing: Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city or town) Germany (State or country)	Where did injury occur?
IZ INFORMANT Agnes Mary Bopp	place
(Address) 502 Dunkirk Road	Manner of injury.
18. BURIAL, CREMATION, OR REMOVAL UND 4/24/135	Nature of injury
19. UNDERTAKER Letonard & Russel	24. Was disease or injury in any way related to occupation of deceased. If so, specify No 4 To my kno whe Age.
(Address) 5305 Harford Road	(Storned) Ghafeste Ewelf M.

Registrar.

2945

(Address).

St Paul St.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Lly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

	em of infor-	should state	OCCUPA-	
9	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DING	ANENT REC	CTLY. PH	sified. Exact	
MARGIN RESERVED FOR BINDING	IS A PERM.	stated EXA	properly class	certificate.
ESERVED	INK-THIS	3E should be	nat it may be	TION is very important. See instructions on back of certificate.
MARGIN F	H UNFADING	supplied. A(in terms, so th	See instruction
•	INLY, WITH	be carefully	EATH in pla	important.
1	-WRITE PLA	nation should	CAUSE OF D	FION is very
5. No. 1	B.	-	1	

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 0387	1
1	L PLACE OF DEAT	гн			92-91	
	County Ba				Registration Dist. No. 44	
	Village or City	ssex Md.			NDSt.,	Ward
	Length of residence in ci	ty or town where de	eath occurred	7 (II yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME R (a) Residence: No.			t Ave	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	rem.	R OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) I'I'L Ed	21. DATE OF DEATH April 28 , 193 6	ar)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of Ange	lo Breda	ariol		22. I HEREBY CERTIFY, That I attended deceased	
		A	pril 5	1887	, 19, to, 19, 19.	
175	AGE Years	(, and year) Months	Davis	I If LESS than	l last saw h; death	is said
•	48	Months	23	I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	fonest
NOI	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. HOUSEWIFE			ewife	Chronic Valvular	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			home	Heart Disease	
000	10. Oate deceased last wor this occupation (more year)	nth and .	11. Total ti	ime (years) nt in this apation	I issuit assure	
12	. BIRTHPLACE (city or town) (State or country)	Ita	ly		Other Contributory Causes of Importance:	
HER	13. NAME	gi Gobb	ion Italy			
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)			Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAME	arlotta	-Unkno	wn	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)I	taly		Accident, suicide, or homicide?, 19 Where did injury occur?, 19	
17.	INFORMANT Angel	o Barra	Pleass	nt Ave	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HDME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR R		Ge May	2 ,19 35	Manner of injury	
19.	UNDERTAKER From (Address) 52 /	Nortey		Core	24. Was disease or injury in any way related to occupation of deceased?	3
20.	FILED (10.30,1	035 A	mys le	Registrar.	(Signed) Jacofo Hallman Coroner (Address) Hernmers Run Ma	_M. D.

3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	н н
Gallstones	May 1,1923	Gastrocnteritis	1 year

	800	PLACE OF DEATH	STATE OF MARTLAND
60	Ξũ.	B. B. Stemens	CERTIFICATE OF DEATH
(IA)	g	County	Registration Dist. No. 42
0	1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	20 2:	1+0
ORI	CT .	Village or City (No. (No.	St.; Ward) (If death occurred in a hospital or institu-
C	EXA y cla		tion, give its NAME in- stead of street and
SE.	# F E	2 FULL NAME James	Drennan number.)
-	rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	0 00	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
	d b	In le Willowed Willowed OR DIVORCED	(Month) (Day) (Year)
ER G	oul ma	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
F E	45 TO	6 DATE OF BIRTH	July 1 - 192/, to Copy // - 1923
Z	DE nat	august 8 - 18/6	that I last saw h im alive on Register 10 - 1023
BIIS	Attotte	(Month) (Day) (Year)	and that death occurred on the date stated above, at 6:35Am
a S	a so n	7 AGE	
P H	plle ms inst	J8 8 . 3 1 dayhrs.	The CAUSE OF DEATH A was as follows:
- 1	du	a OCCUPATION	(J.
H X	Se	(a) Trade, profession or	
2 7	fully plai nt.	particular kind of work	
N N	rta	business, or establishment in	(Duration)yrs
E	Do	which employed or (employer)	Contributory Bronchopmummia
N R A A N	d be EAT	(State or country) Mossaelusello	Corney thombysis (few minotes)
0	300	10 NAME OF FATILER	(Signed) June P June M. D
AH TH	of S Is	Muis Meinan.	4/11/ 10235(1)
X 3	SES	E OF FATHER FOLLAGE.	State the Disease Causing Death or, in deaths from
-	AUS	(State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	80 A	of MOTHER Hands Learnes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
4	state CCUP	13 BIRTHPLACE	ients, or Recent Residents)
	D C C	OF MOTHER (State or country) Breland.	At place of death yrs mos da,
- 1	0 2 2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, form for at place of death?
E	shoul ent of	1. a lorah.	Former or 1471715 4 1 1 0+ 1.11-
VR.	S & S	(Informant)	usual residence
	Every Item CLANS sho statement	huderlater. Doslon, Mass	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0. 1	9 C E	15 660 - 41 2 11	Com 1100. 14 19 30
Z	m -	Fillyhel 11 193 J Ver leeffer	20 UNDERTAKER ADDRESS 2016
. ·	ZT)	Begistrar	Thelip Herrigano Orleans
		f more blanks are needed, address State Registrar.	16 W Saratoga St., Balter Requesting V. S. No L.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer; Farm laborer. Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state becapation at beginning of illness. If retired from gaged in demestic service for wages, as Servant, Cook, definite salary), may be entered a. Housewife, House en at kome, who are engaged in the duties of the business, that fact may be indicated thus: Farmer (reor given up an account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or A? Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foremen. (b) Automobile factory. The material whatever, write None. tired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation. Precise statement of oc etc., For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSEND DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pnenmenia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustien." symptomatic), "Arrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury. Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL septicaemia." "PUERPERAL peritonitis," "Uraemia," "Weekness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) "Debility" Accidental drowning; Struck by railway as fracture of skull, and conse ("Congenital," "Senile," etc.); (Recommendations on state-"Heart failure." "Haemor Example: Measles (disease "Coma," (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Il the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9320
County Baltuacre	Registration Dist. No. 30
Village or City Calansulle	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs9mos	
2. FULL NAME Harriah Bryan.	
(a) Residence: No. aum of clas aud (Usual place of abode)	St., Ward. annafalis had. If nonresident after city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female 4. COLOR OR RACE for DIVORCED (write the word) while 4. COLOR OR RACE Ululation 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ululation 4. COLOR OR RACE Ululation 5. SINGLE, MARRIED, WIDOWED, OR RACE Ululation 6. COLOR OR RACE Ululation 6. COLOR OR RACE Ululation 6. COLOR OR RACE COLOR OR RACE COLOR OR RACE COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR RACE Ululation 6. COLOR OR RACE COLOR OR RAC	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 6- 1854	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/m.
80 10 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, SA	che my oparalities with
10: Date deceased last worked at this occupation (month and 1930 11. Total time (years) spent in this year) 10: Date deceased last worked at this occupation (month and 1930 12. Total time (years) spent in this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Outer Continuory Causes of Importance.
13. NAME James P Kennedy	
13. NAME James P Kennedy 14. BIRTHPLACE (city or town) (State or country) Mol.	Name of operation Date of What test confirmed diagnosis? Planel Was there an autopsy?
15. MAIDEN NAME In ano Kennedy Phaling	23. If death was due to external causes (VIOLENCE) fill In also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT a la Buyan (Address) and of the R & D = 2 md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Dak Lasers Cem Date afril 24, 19-31	Manner of injury
19. UNDERTAKER I Few Inc Cully (Address) 130 & Fort and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 23, 1935 - Manhale B West	(Signed) marshall B wast M. (Address) Caloumille Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. -WRITE PLA B

V. S. No. 1

/ STATE OF MARYLA	ND—CERTIFICATE OF DEATH 18874
1. PLACE OF DEATH	948
County Baltimore	Registration Dist. No. 3
Village or Sity Henford, Ind	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME facob- H. B.	ell
(a) Residence: No Mondston, Inc. (Usual place of abode)	. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write t	the word) (Keryl 23 103 5
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Q. Bull	22. Afril 25 1935 to Afril 25 1935
6. DATE OF BIRTH (month, day, end yeer) Luly 27	I lest saw h_' alive on
7. AGE Years Months Deys If L	ESS than to have occurred on the dete steted ebove, et 2
8. Trede, profession, or perticular	min. were as follows: Date of one arrange of minoritance of Date of one of the contract of th
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Coronary, Occlesion
9. Industry or business In which work wes done, es SILK MILL, Farmer SAW MILL, BANK, etc	
11. Total time (yeers this occupetion (month end year)	24
12. BIRTHPLACE (city or town) Newford (State or country) Ballo Co Ind	Other Contributory Canses of importence:
13. NAME Jacob Ball	
13. NAME Jacob Bull 14. BIRTHPLACE (city or town) Bultures Co (Stete or country)	Neme of operation
	What test confirmed diegnosis?
15. MAIDEN NAME Martha Tracey 16. BIRTHPLACE (city or town) Baltimore Co (Stete or country)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT M. E. H. Bull (Address) modulus mid	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It ostas Cont Dete april 2	Menner of injury
19. UNDERTAKER P. Mehrhalier Low (Address) while Hall had	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED Breef 24, 1981 Melues Borton	(Signed) A: M. France M. D. Registrar. (Address) Partiton, and
If move blanks are needed address Sea	to Project and M. Challe Comp. P. M. D. W. Challe Co. M. C

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death-occurred in a hospital or inditution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DiVORCED (write the word) NENT (Day) (Year) 5a. If married, widewed, or divorced HUSBAND of ERTIFY, That I attended deceased from (Or) WIFE of 田 6. DATE OF BIRTH (month, day, and year) Club 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or_____nin-Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER. O SAWYER, BOOKKEEPER, etc., 9. Industry or business in which may back plnous work was dona, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at March 11. Total time (years) this occupation (month and spent in this occupation _. 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation_ u Kuour (State or country) carefully Million Was there an autopsy? What test confirmed diagnosis? d MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. 17. INFORMANT plnods Very (Address) OF 18. BURIAL, CREMATION, DR Manner of Injury La Tourse Date LION Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. If more blonks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

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	Example II	
	of importance were as follows:	
		1 week ago
		3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

re A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	302-50
	County Bellimore	Registration Dist. No. 35
	Village or Sity Parkton Jud	No. St. War
		death occurred in a hospital or institution, give its NAME instead of street and number)
3D. Every YSICIANS statement	Longth of residence In city or town where death occurredyrsbmos	ds. How long in U.S. if of foreign birth?yrsmosd
CI E	2. FULL NAME Willis Lee Carr	nichael
ORD. HYSI	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
CORD. Every PHYSICIANS set statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC PI Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EX	male white Single (write the word)	90 ,193,5
ING NEN CT I	5a. if married, widowed, or divorced	(Month) (Day) (Year)
BINDIN ERMANH EXACT y classifie	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
Cla X	7 - 10.0	, 19, to, 19, 19
	6. DATE OF BIRTH (month, day, and year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw h
FOR IS A I stated proper ertifica	1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A statec prope		were as follows: Date of ones
70	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	1- State Destator
VE STA	der 1 9 Industry or husiness in which	Jacobs - 5,5-7,60
M I BES	work was done, as SILK Mill, Sehool long	Accidental.
INK INK Sh t it	10. Date deceased last worked at this occupation (month and spent in this	
RE I	yeer) occupation	Other Contributory Causes of importence:
F-1 1 194	12. BIRTHPLACE (city or town)	
RGIN NFADI plied. rms, so nstruct	(State or country) From Carlonia	
V F P F	13. NAME Willis Lee Carmechal	
MA CH UN y supp ain tel	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
E Sel		What test confirmed diagnosis?
W W in in an	H 1	23. If death was due to external causes (VIOLENCE) fill In also the following:
AINLY, d be cal DEATH y import	State or country)	Accident, suicide, or homicide? A constant Dete of Injury 4 20 , 1973. Where did injury occurred home of the determinant of th
be be imp	han a C Hamil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA hould OF D	17, INFORMANT MS, C, S, S, S, C, S,	Outrony A C Ham fanthy Fractor
F6-7 F60	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Russ on the tractor
ITE On S SE N is	Piace Date Up 22, 19.35	Neture of injury Fractured Vertebra
-WRITH mation s CAUSE TION is	19. UNDERTAKER P. Marke Our Low	24. Was disease or injury in any way related to occupation of deceased?
٥	(Address) while Half had	If so, specify
E B C	20. FILED Cofor 21 1935 21 Bostner & W.	(Signed) Williams Chileren Maga
> Z	Registrar.	(Address) Whitestall md

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Example I		11	Example II	
The principal cause of death and related importance were as follows:	ited causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	IVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	g 7835	July 5,1927	Peritonitis	3 days ago
RODE	U.V.S.			
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		23
County Balline		Registration Dist. No.
Village or City Notch	Piff	NoSt.,Wa
		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Sister M	ary Roymond Che	fausteu
(a) Residence: Np.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
7 Eucale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sein gle	21. DATE OF DEATH Ab7i 6 9 193 5 (Year) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased for June 15 1934 to April 9 1933
6. DATE OF BIRTH (month, day, end year)	04 21- 1907	I last saw h.e.7. alive on Abzif 3 ,1935; death is s
7. AGE Years Months	Days if LESS than	to have occurred on the dete steted above, at 5, 45. A.m.
28 2	9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
Frade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Teacher	Pulmonary Tuberculosis
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc.	11, Total time (years)	
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town) Bu	ooklyn 4.4.	Other Contributory Causes of importance:
(State or country)		
13. NAME Michael Ch	reforsky	
14. BIRTHPLACE (city or town) auch	leia Hungary	Name of operation Date of
(State of country)		What test confirmed diagnosis? Was there en autopsy?
I	a marsinko	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town). Quest	ica Hungary	Accident, suicide, or homicide?
(State of County)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sz. Mary CPa (Address)	Notch Cliff Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMAYAL	1 1/10/2 /2 =	Manner of injury
Moth Cliff Moa	- Date 4/12/38,19	Nature of injury.
19. UNDERTAKER Frank Q	Winh	24. Was disease or injury in any way related to occupation of deceased?
(Address) 9/500 Ga	4St- Balt Med	If se, specify
11/11/ (1.000)	macl Canan ++	(Signed) All Allele

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			5

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

	2			
0	8	8	1	3

1. PLACE OF DEATH	
County Bello	Registration Dist. No.
	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. If of foreign birth? yrs. mos. d
2. FULL NAME & lijabeth B. Ehrl	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis & Chilcoat	1/HEREBY CERTIFY. That I attended deceased from 15 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) Sup 20 1865	I lest saw h&t alive on 4 1,19 ; death Is sa
7. AGE Years Months Deys If LESS than 1 day,hrs	to have occurred on the date stated above, at 11 Pm.
69 6 21 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Maemie Coma
SAW MILL, BANK, etc.	
ID. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Balto 6 (State or country)	Other Contributory Causes of importance:
I ADA I O I	- Sierrich
13. NAME Chas. Of heeles 14. BIRTHPLACE (city or town)	Michelle Repositive
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Gill	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME May Sill 16. BIRTHPLACE (city or town) - My f	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT MW Clarence Cappenter (Address) Glyndar Md	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Sucher Date Opril 19, 1935	Manner of injury
19. UNDERTAKER J. Listerstown Md.	24. Wes disease or injury In any way releted to occupation of deceased?
20. FILED Gran, 1935 et trouslande Registrar.	(Signed) ame J. Haffel M. (Address) Persturoum mod
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

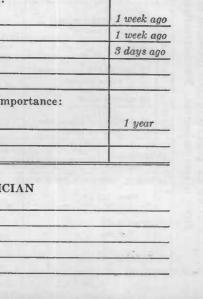
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 B. of OCCUPA-

STATE OF MARYLAND- 1. PLACE OF DEATH County Ballimore	-CERTIFICATE OF DEATH 02879
Village or City Stermmers Pun	Banck River Neck Roadt, Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Thomas Coffield	Rosed Ward.
(a) Residence: No. Usacke Ower Nicke (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH Cyril 20, 193 5 (Year)
HUSBAND of (or) WIFE of	22. ! HEREBY CERT1FY, That I ettended daceasad from 19
B. DATE OF BIRTH (month, day, and year) Quanto 2184 1935	I last saw h alive on
7. AGE Yaars Months Days If LESS than I day,hi	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Data of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Branchial Praumonia; Pollow.
Saw Mill Bank etc	ald a bad sold , of serval days direction.
10. Date decased lest workad at this occupation (month and yeer) 11. Total time (years) spent in this occupation	Live
2. BIRTHPLACE (city or town) Temmers Run (State or country) Mod	Othar Contributory Causes of importance:
13. NAME Thomas Coffield	
13. NAME Thomas Coffield 14. BIRTHPLACE (city or town) Treenville (State or country)	Name of operation Dete of
15. MAIDEN NAME Myrthle Edwards 16. BIRTHPLACE (city or town) (State or country)	What tast confirmed diagnosis? Was thera an au'opsy? 23. If daath was due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide? Date of injury 19
7. INFORMANT Mystale Coffield (Addrass) Themores Run Mod	Whera did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Stury wordy Date Pil 20, 193	Manner of injury
19. UNDERTAKER 13 Wat The Elding A	24. Wes disaase or injury in any way ralated to occupation of dacaased?
20. FILED (19. 20, 19. 3. 5. Registrar.	(Signed) Jacob Hallman Coroner M.

3

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
MINGAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
			1			

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U. S. if of foreign birth? ______ yrs. ____ mos. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIF ORCED (write the word) ADERLO (Oav) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months 0avs to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Date of onset 8. Trade, profession, or particuler NO kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. OCCUPATI 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceesed last worked at 11. Total time (yeers) this occupation (month and spant in this occupation ________ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHE 14. BIRTHPLACE (city of town) Name of operation. (State or country) MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town). Accident, sulcide, or homicide?_____, Date of injury____, 19. (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way related to occupation of deceesed? 19. UNOERTAKER (Address) If so, specify (Address)

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	FRISICIA.

1. PLACE County

2. FULL N

19. UNDERTAKER

(Address)

				3
	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 02880
PLACE OF	DEATH		_	
County	Baltim	ore.		Registration Dist. No. 4
	ity Lansdo		//	No. 293 Laverne Aye. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resid	dence in city or town where	death occurred	3 yrs 6 mos	sds. How long in U.S. if of foreign birth?yrsmosds.
ULL NA	ME Joseph.	Robert C	Condon	
				OWA'S Ward. If nonresident give city or town and State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
ale	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Marr	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 8 , 193 5 (Year)
JSBAND of W文文 文字 文字 文字 文字 文字 文字 文字 文字 文字 文字 文字 文字 文	Anna M. C	ondon		22. I HEREBY CERTIFY, Thet I attended deceased from 19
E OF BIRTH	month, day, and year) A	oril 16.	1903	I last saw h alive on, 19; death is said
Year		Days	If LESS than	to have occurred on the date stated ebove, at
31	11	22	1 day,hrs. ormin.	were as follows:
Trade, profes	sion, or particular			Date of onset

3. SEX 5e. If married, with HUSBAND o X9X 发版EXO 6. DATE OF BIRT 7. AGE Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... NO Clerk OCCUPAT dustry or business in which work was done, as SILK MILL, Warehouse SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month end occupation ... Baltimore 12. BIRTHPLACE (city or town) (State or country) Maryland FATHER 13. NAME George W. Condon 14. BIRTHPLACE (city or town) Neme of operation_____ (State or country) What test confirmed diagnosis?_____ Was there en autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Baltimore Accident, suicide, or homicide?_______ Date of injury_______, 19_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT. (Address) ansdowne. 18. BURIAL, CREMATION, OR REMOVAL

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ristrar.

Montgomery St

Nature 24. Was disease

If so, specify

(Signed

of injury In eny wey related to occupation of deceased?

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributor, causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	County Village or C	city Cat	Bu				death occurred in a ho		WOOD A	AME instead of s	
2	. FULL NA	ME J.	Guild		7.	7e.	ds. How lo	ong in U.S.if o		dent give city or	
	PERSON	AL AND	STATIST	ICAL PAR	TIC	ULARS	ME	DICAL C	ERTIFICA	TE OF DE	ATH
1	ale	4. COLOR OF Whi				ED, WIDOWED, (write the word)	21. DATE OF	DEATH	nil (Month)	- / (Oay)	, 193
Sa.	If marriad, widow HUSBAND of (or) WIFE of		ue B.	Cook(ne	e e	Timanus)22. 1 H		CERT		attended decease
	OATE OF BIRTH		year) Ap:	ril 3,	18	1f LESS than	I last saw h	alive on	pril	13-	- /
	65	ession, or particu	O	1-1-		1 day, hrs. or min.	The PRINCIPAL CA				Oste
PATION	kind of s SAWYER	work doma, as S , BOOKKEEPER, business In whi s doma, as SILK LL, BANK, etc	PINNER, R	etired			arten	of g	mo	rtena	6
noso	10. Oate deceas		at nd		al time	e (years) in this	Correc	mel	Copa .	plefy	11.
12.	DIDTUDI ACE (a)						Other Contributory	Causes of Impo	rtance:	0	
2	13. NAME			E. Co	ok						
FAINER	14. BIRTHPLACE		erman,				Name of operation. What test confirmed		m	_	Date ofthere an auropsy
ER	15. MAIOEN NA	ME U:	nknow	n			23. If death was due				
MOTHE	16. BIRTHPLACI	E (city or town)	erman	У			Accident, suicida, o	r homiclda?		Date of injur	y, 1
17.		rancis 07 Bee					Specify whathar Inj	ury occurrad in	(Specify cit INOUSTRY, in	y or town, count n HOME, or In Pl	y and Stale) JBLIC PLACE.
18.	PlaceLQX	raine		086, Ap	rij	6, 19.35	Manner of Injury Nature of Injury				
19.	UNOERTAKER (Address)	4101 M	driond	son Ave	3	ke	24. Was diseasa or I	njury In any w	ay related to o	Coupation of deca	iased IN
20	FILEO 4	100	1	1/2/	7	ducas	(Signad)	01/	lon	10 ps	ion

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. 35			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF DEATH OCCI plnods Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S.If of foreign birth?_____yrs.____mos.____ds. statement (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING (Day) (Year) 5a. If merried, widowed, or divorcad HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 885 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, et. 1 day,...hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence or min. were es follows: Date of onset 8. Trada, profession, or perticuler THIS RESERVED kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc ... may back 9. Industry or business in which plnods work wes done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceesed last worked et 11. Totel time (yaers) this occupation (month and year) spent in this that occupation ... instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) ! Neme of operation. (Stata or country) efully What test confirmed diegnosis?_____ Wes there en europsy?____ MOTHER important. 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?____ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT & (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE Netura of Injury 24. Wes disease or Injury in any wey related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify 20. FILED. dres Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

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Example	. Q.D.	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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arrived aprox 107	nucles before
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this Lady Nerd.	O. B. la Bound in Tracks
	Cocke

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. __mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos:_____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. RTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month& If LESS than Days to have occurred on the date stated above, at_ 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset Trade, prolession, or particular kind of work done, as SPINNER. MARGIN RESERVED 0 SAWYER, BOOKKEEPER, etc ... may back 39. Industry or business in which plnous OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month andspent in this that occupation. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?_____ Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: import 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury _____ 19_ (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE mation TION Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER _ (Address) If so, specify Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

/ STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94.2
County Baltimore	Registration Dist. No. 43
	death occurred in a hospitel or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Raymond B, Fance	u-
(a) Residence: No. Thump Will Road	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DLYORCED (write the word) Warrier Manual OR DLYORCED (write the word)	21. DATE OF DEATH ORUL S (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of augusta fancher	22. I HEREBY CERTIFY, That I ettended decassed from
6. DATE OF BIRTH (month, day, and year) Och 16 - 1888	l last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year) Oct. 16 - 188	to have occurred on the data stated above, at
4/ £ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
46 4 23, ormin.	were es follows:
Trade, profession, or particular kind of work done, as SPINNER, Auto Muskamic SAWYER, BOOKKEEPER, etc.	
Industry or business in which	OOMAN ITHERE
work was done, as SILK MILL, SAW MILL, BANK, atc	- Committee
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Newton, Mansas	
(Stata or country)	
13. NAME hot known 14. BIRTHPLACE (city or town) hot known	
	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME hot know	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Not known	Accident, sulcide, or homicide? Data of injury, 19
₹ (Stata or country)	Where did injury occur?
17. INFORMANT Quegusta Fancher	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Troump mill Road,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place hational cemeter Data afred 11, 1985	Nature of injury
19. UNDERTAKER George W. Sirkler	24. Wes disease or injury in way related to occupation of deceased?
(Addiess) 3029 northern Parknay	If so, specify
20. FILEO 4/10, 1935 D. a. truty M. O.	(Signad) M. D.
Registrar.	(Address) Volume (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 3		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis S	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
10 2 6				
Other contributory causes of furportance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

ARGIN

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	-THIS IS A PERMANENT R. RD. Every item of infor-	ld be stated EXACTLY. PHYSICIANS should state	ay be properly classified. Exact statement of OCCUPA-	1
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08891
1. PLACE OF DEATH	5-0
County 13-llo	Registration Dist. No.
Village or City Woollow mg	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	
2. FULL NAME Chrand Foo	te
(a) Residence: No. Dogwood Rd Rell (Usual place of abode)	lesse Reward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH 7 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Cor) WIFE of Nettre Foote	22. HEREBY CERTIFY, Thet ettended deceased from
m. 1 2916/1	about March 25, 1055, 10 april 7, 19 35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1 last saw him elive on alord Marie 75, 1936; death is sai
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcin our of Protest Glad Ulaker
9. Industry or business in which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) City (State or country)	Other Coutributory Causes of importance: allenia, Cachefic, Polymonary belows
Ĭ.	Name of operation Prestate expleretory, Date of Fet 1934
(State or country)	What test confirmed diagnosis Late a Clarical Was there an autopsy?
W 15. MAIDEN NAME Un brown	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unbrown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury19
Q 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Heigh Framplon	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAZION, OR REMOVAL	Manner of injury
Place Jack Park Date 19 , 1935	Nature of injury
19. UNDERTAKER 27 9 Tickmer Sus	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED P. 1995 11 h' Suffering Registrar.	(Signed Later Totypula M. 1 (Address) 2306 Certain Plan
If more blanks are needed, address State Registrar,	24xx N. Charles Street, Baltimore, Requesting V. S. No. z. Salto

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

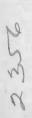
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year



PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-X, WITH UNFADING INK-THIS IS A PERMANENT R carefully supplied. AGE should be stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be N. B.-WRITE PL.

V. S. No. 1

STATE OF WARTLAND	CLITTI ICATE OF DEATH	8892
1. PLACE OF DEATH	94.6	1000
County Dallemore	Registration Dist. No. 38	
Village or City Kuther wille	No. St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death occurred 4 9 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME John Edward Frantz		
(a) Residence: No. Parderwood Drive Zuth	ward Ward	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male White widower	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced	(month) (bay)	(Teat)
HUSBAND of Laura S. Loftus Fisas	22. HEREBY CERTIFY. That Lattended of	deceased from
11100000	1953, to 49544 S	19 33
6. DATE OF BIRTH (month, day, and year) of the 28 - 1863	10.11	; death Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 19.12.1 m.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter	A 1.	
Z John Len, Doomie Lin, Oliver January	Caronary thromboars	4-2-33
9 Industry or business In which work was done, as SILK MILL Netured SAW MILL, BANK, etc.		
SAW MILL, BANK, etc	•	
this occupation (month and spant in this occupation occupation		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Maryland		7
(State or country)	Critico receiptes,	manan
13. NAME Thomas & Grants 14. BIRTHPLACE (city or town) Maryland		
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of	
(State of country)	What test confirmed diagnosis?	u'opsy?
15. MAIDEN NAME Mark Sracky 16. BIRTHPLACE (city or town). Maryland	25. If death was due to external causes (VIOLENCE) fill in also the following:	/
5 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did Injury occur?	
17. INFORMANT Marie Co. Cornell	Specify whether injury occurred in INDUSTRI, in HOME, or in PUBLIC PLA	ICE.
(Address)		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Jew Me Date Mil 7, 1933	Nature of injury	
19. UNDERTAKER John Burns Sons	24. Was disease or injury in any way related to occupation of deceased?	14.
(Address) Tower Md	If so, specify _ A	
TRA	(Signed) Bennett a. Stan	
20. FILED 19306 . O. Dieg and Registrate	(Address) Luther will m	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIA:
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08893
1. PLACE OF DEATH	93-4
County Ballelos 542448	Registration Dist. No. 44
Village or City 10 alls lea - Hushon	Ward death occarred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME M argerith Fried	el.
(a) Residence: No. 5 42 9. 48 Th st.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Triedel	22. 1 HEREBY CERTIFY, That Lattended deceased from 3/27 19-35-10 9/4/35-19
6. DATE OF BIRTH (month, day, and year)	Hast saw h. 22 alive on 4/3/35, 19 ; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
86 3.4. 17 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	aline Alerotes Date of onest
SAWYER, BOOKKEEPER, etc.	Miocarciditis
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Chonice Passer Engrelie
U 10. Dato deceased last worked et 11. Total time (years)	Chronic myscarditis. Duration . many years.
this occupation (month and spent in this occupation	- Sware
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Hypostatil Freumonia
13. NAME Could Down	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an au opsy?
15. MAIDEN NAME Vinknyum	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Katherine Grows (1)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A acres Heart Date App 8, 1900	Nature of Injury MIG GALTE!
19. UNDERTAKER July of Silve In	24. Was disease or injury in any way related to opturation of deceased?
20. FILED april 6, 19 35 John & Cornelly Registrar.	(Signed) S S Conklang M. D.
If more blanks are needed, address State Registrar.	2411 N. Change Street, Palismore, Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis O	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
8 A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A R			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(107,0)	
County Daltimote	Registration Dist, No. 30	
Village or Gity Cockmonle	No. St., St., If death occupied in a hospital or institution, give its NAME instead of street and r	Ward
	s How long In U.S. if of foreign birth? yrsme	osds.
2. FULL NAME Walter Gessfi	vd.	
(a) Residence: No. W. Chester land	St, Clue Ward. Town If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey)	, 193 (Year)
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of Harris Roya for	22. I HEREBY CERTIFY, That I attanded	******
5. DATE OF BIRTH (month, day, end year) Jacus 27/1880 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.54. m.	; daath is said
55 2 30 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Dats of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	0	
Salmdustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Remoto nerum onca	3day
10. Date deceased last worked et this occupation (month end year)		
2. BIRTHPLACE (city or town) Dalfus (State or country)	Other Contributory Causes of Importance:	
	Parchesio	apr 15
13. NAME Walter Georgian 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oate of What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Carolina Rupp 16. BIRTHPLACE (city or town)	23. If daath was dua to axtarnal causes (VIOL ENCE) fill in also tha following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	, 19
7. INFORMANT Caroline Geosful	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
8. BURIAL, CREMATION, OR REMOVAL PHACTICELLAND, CARTO BODATE april 28, 1935	Menner of injury	
19. UNDERTAKER E. XEROY Steffler, Sms. (Addrass) 1258 northale, Batto Md.	24. Wes diseasa or Injury In any wey related to occupation of dacaased?	20
20. FILED # 19-3 - Al Chillian Registrar.	(Signed) (1554. E. Janet	M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		+	

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

03896

1. PLACE OF DEATH	(82-21)	
County Naltun of	Registration Dist. No. 30	
Village or City Batonserlle	No. Street and number) f death occurred in a horpital of institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs2mos	s/8_ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME LEM & Gilson		
(a) Residence: No. Welcone 970 (Usual place of abode)	(St., Ward. Charles Cocent	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If marriad, widowad, or divorced HUSBAND of		
(or) WIFE of Mary Sen de on	1 HEREBY CERTIFY That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Men. 13 4 1870	I last saw has alive on Office 1935; death is said	
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et. 7. 2m.	
64 4 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trede, profession, or particular kind of work done as SPINNER	Date of one of	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Cortival Hemorrhage 3day	
work was dona, as SILK MILL.	apoplexy	
10. Dete daceasad last worked at		
this occupation (month and year)		
12. BIRTHPLACE (city or town) La Plate	Other Centributery Causes of Importance:	
(State or country) Smal	artoro - claroses 6mos	
13. NAME Unknown		
13. NAME LUKUMAN 14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(Stata of Country)	Whet test confirmed diegnosis? Was there an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19	
(State or country)	Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT AVE ELLA BOUNE (Addrass)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CAMPATION, OR REMOVAL O MA. 14/2	Menner of Injury	
Place Mass of Talk Dete 77 3 , 1930	Nature of Injury	
19. UNDERTAKER Dunts of Mysen	24. Was disaasa or injury in any way related to occupation of daceased?	
(Addrass) Waldowy, mid.	If so, spacify	
20. FILED 19 Registrar.	(Signad) Color M. D. (Addrass) Color M. D.	

If more blanks are housed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER

20. FILED.

(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12897
1. PLACE OF DEATH	OEKHI IOME OF BEKIN
	23 2 3
County Baltimore	Registration Dist. No.
Village or City Mount Pleasant, Peisters Tou	f death occurred in a hospital or institution, give its NAMF instead of street and number)
Length of residence in city or town where deeth occurredyrs,3_mos	s16ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME David Goldberg	
(a) Residence: No. 23 N. Broadway Baltunoie	Most. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	april 18 1935
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of	22. I HEREBY CERTIFY, Thet J attended decessed from
(or) WIFE of	January 2 1935 to april 18 135
6. DATE OF BIRTH (month, day, and year) January 17, 1895	Plast saw hasher elive on april 18 , 1935; death is seid
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, at 6:40 P.m.
40 3 / 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
/ / / / / / / / / / / / / / / / / / / /	were as follows:
Trede, profession, or perticular kind of work done, es SPINNER, Installment Collector SAWYER, BOOKKEEPER, etc.	tulmonary duberculosis 4xxx
9: Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
11. Total time (yeers) this occupation (month and 3 yrs, am) spent in this	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Russia	Tuberculosis of Rectume 14ro.
(Stete or country)	The second
# 13. NAME Joseph Holdberg	
13. NAME Joseph Goldberg 14. BIRTHPLACE (city or town) Russian	
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	What test confirmed diagnosis? Wes there an eutopsy?#0
15. MAIDEN NAME Anna His her 16. BIRTHPLACE (city or town) Russium	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
∑ (Stete or country)	Where did injury occur?
IT INFORMANT HOLKITOL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Transfer Marie Control of the Control of the Function of the F
18. BURIAL, CREMATION, OR REMOVAL	Manner of Julium
Place Volumen Com Dete april 11,1935	Manner of Injury
	Neture of injury

Registrar.

If so, specify

(Signed)

24. Was disease or injury in any wey related to occupation of deceased?___

(Address) Mount.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	Ī
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

kD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING. -WRITE PLA N. B.

1. PLACE OF DEATH	—CERTIFICATE OF DEATH 08898
County Baltimore	Registration Dist. No. 4 2
Village or City	No. Shellbourne & Linden Avenues Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) nos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Lillie Grill	4
(a) Residence: No. Shellbourne Rd & Linde	an Agrania Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE or Divarced (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced #USBAND of William H. Grill	22. I HEREBY CERTIFY, That I attended deceased from Sec. 22, 1934, to April 18, 1935.
6. DATE OF BIRTH (month, day, and year) hear 10 - 1860	I last saw h dr. alive on april 18 , 195 ; death Is said
7. AGE Years Months Days If LESS than 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	Carcinousa left Breast, Oste of onest apr. 193
work was done, as SILK MILL, SAW MILL, BANK, etc.	Muyo carelist fachete. Meris
O 10. Date deceased last worked et this occupation (month and yaar)	Other Contributory Causes of importance:
12. BiRTIIPLACE (city or town) Baltimore (State or country) Marylane	Lewentered Carenowo Badis, Lec 12:3
14. BIRTHPLACE (city or town) Macace leace	A Name of operation Printer Breast , last Data of afra, 12:2
(State or country)	What test confirmed diagnosis? Det fung turnel was there an au'opsy? Tho
# 15. MAIDEN NAME Hacera - Meckecon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Jaccia - Cleckecore 16. BIRTHPLACE (city or town) 10.00 applicate of (State or country)	Accident, suicide, or homicide?
17. INFORMANT P. August Grill Shadesbourne Rd & Linden Avenue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 20,1935	Manner of injury
19. UNDERTAKEN B. Mekkent & Sec. (Address)	24. Was disease or injury in any way related to occupation of deceased? Ho
20. FILED April 19, 19 35 - Des Keeffe Registras.	(Signed) Parries W. Melson M. D. (Address) 1120 St Paul St.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	40 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1-11

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH County / Registration Dist. (If death occurred in a hospital or institution, give its NAME intead of street and number) Length of residence in city or town where death occurred How long In U.S. If of foreign birth?______ds. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write-the word) 5a. If married, widowed, or divorced BINDIN HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to heve occurred on the data stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or min. were es follows: Date of enset 8. Trade, profession, or particular RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. may should 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation 10.7/20 instructions MARGIN 12. BIRTHPLACE (city or town (Stata or country) FATHER See 14. BIRTHPLACE (city or town) Name of oparation. (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?_ d MOTHER important. 15. MAIDEN NAME in 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of Injury_______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ DEA (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 7 18. BURIAL, CREMATION R- REMOVAL Manner of injury WRITE mation NOIL Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify 20. FILED_ Registrar. If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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BINDING

MARGIN RESERVED

-WRITE PL

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BIND	N. B.—WRITE PL. LY, WITH UNFADING INK—THIS IS A PERMA mation should be carefully supplied. AGE should be stated EXA. CAUSE OF PEATH in plain terms, so that it may be properly class TION is very important. See instructions on back of certificate.	
VED FC	-THIS IS ild be star ay be pro	-
RESER	NG INK-AGE shot that it mions on ba	
MARGIN	UNFADI supplied. n terms, so ee instruct	
	A, WTTH carefully the in plain ortant. So	
(should be OF DEAT	-
fo. 1	.—WRITE mation s CAUSE TION is	
V. S. No. 1	z (T)	

1/-)F MAR	YLAND-	CERTIFICATE OF DEATH	301,
/3	County Balti				(3)	20
		owson			Registration Dist. No.	
	Length of residence in c	ity or town whera		TI GLIME mos	No. St.,	ward number)
2						
	(a) Residence: No	TOO BONW			Vup	State
\$000000	PERSONAL AN	Residence: No. 400 Schwartz Ave, Balto, County (Usual place of abode) (If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) (Mo	Otate			
1.	fale w	nite	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D. (write the word)	April 16th.	, 193 5 (Year)
5a.	HIISBAND of	117	n Havila	nd		-
		y, and yaar) De	c. 24, 18	367		
7. /	AGE Years 67			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	17
ori	SAWYER, BOOKKEE	as SPINNER, PER, etc	Farmer		Chime hyrandiles	1933.
S.	9. Industry or businass in work was dona, as	n which SILK MILL,			Cardio varula real	
٥٥٥	10. Date deceased last worthis occupation (mo	rkad at	spe	nt in this	alman	1933.
12.	BIRTHPLACE (city or town) (State or country)	Marylan			Othar Contributory Couses of Importance:	-
ER	13. NAME Unkr	nown				
FATHER	14. BIRTHPLACE (city or to (State or country)	Unkno	wn	*************	Name of operation	
ER	15. MAIDEN NAME	Jnknown			What test confirmed diagnosis? Was there an a	
MOTHER	16. BIRTHPLACE (city or to (State or country)	Unl	known		23. If death was due to extarnal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Whare did injury occur?	
17.	INFORMANT No. No. (Addrass) St. Vi	rman Fra		ylum	(Specify city or town, county end State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	cce.
18.	BURIAL, CREMATION, OR R	EMOVAL Texa	as, Md.	/20/35,19	Mannar of Injury	
19.	UNDERTAKER HA	with Ro	race	Son	24. Was disease or injury in any way related to occupation of deceasad?	no
20,	FILED afor 18	19356	Bry	Registrar.	(Signad) Jahren Chillian (Address) Jiks ulle Mil	D
		If more b	blanks are needed.	ddress State Registrar	2417 N Charles Street Relaimore Parasting 71 S No.	

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Other contributor causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(Ital and Qa)			
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

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and and	
V .	

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should Registration Dist. No. Village or City_ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______ yrs. ____ mos. ____ ds. Length of residence in city or town where death occurred PHYSICIAN (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of PERMA 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above. at 12 Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular RESERVED OCCUPATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation __ instructions 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation ... (State or country) carefully What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT plnous (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAUVES	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Z. SIIGO

zi (N. B.—WRITE PLANIEY, WITH UNFADING INK—THIS IS A PH mation should be carefully supplied. AGE should be stated H	LY, care	WITH fully s	UNFAI	AC	IN XE S	K-T hould	HIS be	IS	A be
T	TYON is most in the plain terms, so that it may be properly	II HII	n piain	terms,	So tr	iat in	may	De	prof	Jer 6
1	TI ALVA SI NOTICE	DOFER	36	e instru	CLION	UO S	Pack	C		reeru

V. S. No. 1

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH	3564
1. PLACE OF DEATH	T (C)	- CO. D	71
County Balto Md		Registration Dist. No.	15th
Village or City		No	Ward
	rred 5 Oyrs mos.	death occurred in a horpital or institution, give its NAME instead of street eds. How long in U.S. if of foreign birth?	nd number)
2. FULL NAME William T F			State - a replaced
(a) Residence: No. Grange&tra	appe roads	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATI	-
	LE, MARRIED, WIOOWED, OVORCED (write the word) Married	21. DATE OF DEATH April 6 19.35 (Month) (Oay)	, 193 (Year)
HUSBAND of (or) WIFE of Elizabeth Ho	;den	22. I HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH (month, day, and year) April	29 . 1882	i last saw h alivo on, 19	; death is said
7. AGE Years Months I	Days If LESS than	to heve occurred on the date steted above, atm.	
52 11	8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oate of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	itor	Myosardial	Cate of onset
H I I WA	12.501.	У Этом россия.	
9. Industry or business in which work wes done, as SILK MILL, School SAW MILL, BANK, etc.	1	17:19	
Ult 1	1. Total tima (years) spant In this occupation	o seuse	
12. BIRTHPLACE (city or town)Balto-N	ſd	Other Contributory Causes of importanca:	
3 13 NAME Joseph Holden			
13. NAME Joseph Holden 14. BIRTHPLACE (city or town) (State or country)	to Md	Name of operation	
15. MAIOEN NAME Sahara Blac	kston	23. If death was due to external causes (VIOL ENCE) fill In also the folio	
15. MAIOEN NAME Sahara Blace 16. BIRTHPLACE (city or town) Kent Co (State or country) Maryl		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Elizabeth Holde (Address) Grange & Trapp	n (wife)	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) PLACE
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Oak Lawn Oate.	April 10 3	Nature of injury	
19. UNDERTAKER Fully & Zeel (Address) 40.3 S Stage	When.	24. Was disease or injury in any wey releted to occupation of deceased. If so, specify	
20. FILEO. 49/35.49 JAM	Plus and	(Signed) Madrill Halams. (Ardress) Dissibalk Th	THE
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Early St. 12 Teason and the str	

an.	M. D. B. 1268-0	State & Maryland
	HEALTH DEPARTMENT	T-CITY OF BALTIMORF
of		12905
y item of VS should tement of	1 HE HILL X	E OF DEATH
it.	1. PLACE OF DEATH WEST COMM	Registered No. 79
Every SICIANS	CITY OF BALTIMORE: (No. 10 poung	Ward) a hospital or institution. give its NAME instead
SIC	Length of residence in city or town where death occurredyrs	of street and number.) .mosds. How long in U. S. If of foreign birth?yrsmosds.
ORD. PHY Ex	2. FULL NAME MRS. SALVIE, HOLLE	ashade a
	(a) Residence: No. Cath Kunnord	Sorbst Rooksons May
REC assifted	(Usual place of abode)	(If non-resident give city or town and State)
te class	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E STATE	3. SEX 4. Color of Reco 5. Single, Married, Widowed, of Diverced (write the word)	21. DATE OF DEATH (month, day) Pear) 27, 1935, 19
EMANI Sed EX Coperly	5a. If married, whowed, or sivorced	22. I HEREBY CERTIFY, That I attended deceased from
PERMAN stated Ex e properly	HUSBAND Of Collect Ce Hollenshad	I inst saw hea alive on MARCL 3519 35 Death is said
be ack	May 29, 1866	to have occurred on the date stated above, at 4:30 A.m.
IS Is man	7. AGE Years Months Pays, If LESS than	The principal cause of death and related causes of importance were as follows:
FC IS show	68 10 26 1 day,hra.	Date of onger
that that	8. Trade, profession, or particular kind of work done, as spinner	CARCINOMA OF Liver 3 Mos
K-A(K-So Stru	sawyer, bookkeeper, etc.	THETASCACIC TROM CECUM agos
ed. ms,	work was done, as silk mili, saw mili, bank, etc	
ppli ter See	10. Date deceased last worked at this occupation (month and spent in this occupation	Other contributory causes of importance:
AD su su ain ain it.	12. BIRTHPLACE (city or town With Co	
Train I	(State or country)	
TH U	13. NAME Mouklin Decker	Name of operation Resection of Cecum Date of
E off.	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Clinical Was there an autopsy?
DEA	The Property of the Property o	23. If death was due to external causes (violence) fili in niso the fol- lowing:
NIL	15. MAIDEN NAME (My OF TOWN) 16. BIRTHPLACE (Oly or town) (State-or coonty)	Accident, suicide, or homicide?Date of injury, 19
PLAIN ion sho USE C	State or control on the	Where did injury occur?
4 . 44	17. INFORMANT Bust Gestolbushed	Specify whether injury occurred in industry, in home, or in public
ITE LA	(Address) Roshburg Mich	Mnnner of injury
WRIT inform state OCCU	18. BURIAL CREMATION, OR REMOVAL	Nature of injury
	Pinter All VI MIMM. Dayse T. 2. 102)	24. Was disease or injury in any way related to occupation of deceased?
7	19. UNDERTAKER (Address) / 2/11 L. Tourist	If so, specify.
(I)	11:107 DE MA MI + 4	(Signed) Regland V. Hausen M. D.
on.	20. FILED April 1933 S. C. J. Registrar.	(Address) Church Howa + Infirmery
40		

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9.—The industry or business in which the work was done.

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Example I	15000	Example II	
The principal cause of death and relate causes of importance were as follows:	d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis &	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorphage	July 5, 1927	Peritonitis	3 days ago
Other contributory carbon of informance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1.year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date of death: authorized by telephone 5/3/35 by Dr. Hauver;
... written authorization will follow.-L. Bureau Vital Statistics.

Written authorization filed May 7, 1935 under Dr. Hauver, adding date of death as April 27, 1935. Bureau Vital Statistics.

V. S. No. 1 N. B.—V

STATE OF N	MARYLAND-	CERTIFICATE	OF	DEATH
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	0				
0	8	9	0	6	

1. PLACE OF DEATH			(107.0)	-
County Ballino	2		Registration Dist. No. 3	8
Village or City Lovans	town /hel		NoSt.,	Ward
Length of residence in city or town wher 2. FULL NAME Clisal (a) Residence: No. Charles St	eth. J.	Stople Littings	f death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?	nosds.
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	a ordina
3. SEX 4. COLOR OR RACE Flundle Must	5. SINGLE, MARK OR DIVORCED	tied, Widowed, (write the word)	21. DATE OF DEATH (Month) (A T (Dev)	, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended APRIL 64 1955 to APRIL 124	(111)
6. DATE OF BIRTH (month, day, and year)	Unlenow	n 1848	1900, 100 4 1	, 19_3\ ; death is said
7. AGE Years Months	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			BRONCHO-TREUMONIA	
SAW MILL, BANK, etc		ne (years) t in this pation		
12. BIRTHPLACE (city or town)	ryland		Other Contributory Canses of importance:	
13. NAME GERAND 21 14. BIRTHPLACE (city or town) 24	Topleins			
			Name of operation Date of	
1 1/2	syland.		What test confirmed diagnosis? Wes there an	au'opsy?
15. MAIOEN NAME Eliz Celes 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT M. Francis & Playam &			23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?Oate of Injury Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PI	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Trilings being	n Date Cefesil	15, 19.30	Manner of Injury	
19. UNOERTAKED KUSY Mente (Address) Colone a	in I lollo	le 84	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 4 - 12 , 19.35 G.	J. Br.	Registrar.	(Signed) Thomas L. Shears (Address) 3801 h, Charles St	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A BUREAU V. St. II.			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08907
1. PLACE OF DEATH	8
county alfmor	Registration Dist. No.
Village or City Jones Crix	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mssmsds.
2. FULL NAME Still form fortu	2 Afrissis 4
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If unresident give city or town and State
3. SEX 4. COLOR, OR BACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male white OR DIVORCED (wrige the word)	21. DATE OF DEATH (Mogth) (Bay) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded decaased from
6 DATE OF RIRTH (month day and year) Obril 13th 1935	I last saw h alive on 19 daeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Deys INLESS than	I last saw h; daeth is said to have occurred on the dete stated above at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rated causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which	a Tul tom Jostus
work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last workad et this occupation (month and spent in this	((3 no)
year) occupation	Other Contributory Causes of importance:
(Stata or country) 12. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	
13. NAME Ulmknown	
14. BIRTHPLACE (city of town) which are	Neme of operation Data of
(Old to Cookin)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME JEMME Wisses	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Jones Crack	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Mennar of Injury
Place Deri a Janus Bate of principal	Nature of injury
19. UNDERTAKE Matambeal Laboratory (Address)	24. Was disease or injury in any way related to occupation of deceased?
Who us to see fel Att Claraging to	(Signed) (Signed) M. D. M. D.
20. FILED THE 1973 TO THE REGistrar.	(Addrass) Spances Ourst
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimole, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Example I				Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephri	tis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	VS	July 5, 1927	Peritonitis	3 days ago	
			,			
Other contributory cau	ses of importance:			Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1/ PLACE OF DEATH	93:20
/ county Baltimore	Registration Dist. No. 30
Village or City Catousvelle	No. Harlem Ladgest, Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 1
2. FULL NAME A BYRNE HURST	
(a) Residence: No. Charlestown L	least bla
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Myoth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Sohl Hursy	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) ahril 27,1857	last saw h. we alive on a free 6 , 19 35 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at 25% m.
67 11 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, 18 1 4	Date of onset
SAWYER, BODKKEEPER, etc. 121110 1011101	acute myocardetes
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and 1935 this occupation (month and 1935) year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) West Va	Defressen (3dallach
I 13. NAME Jalin W Heist	The second second
13. NAME Jaly W Herst 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) weight	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Davies	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Wife	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Charlestown W. Va. 18. BURIAL, CREMATION, OR REMOVAL	Manage of Internal
Place Charles Tour Wet Date (Sril 9 , 1935	Manner of injury
19. UNDERTAKER IN COCCOUNTS	24. Was disease or Injury In any way related to occupation of deceased? 40
20. FILED april 7, 1935 Marshall B West	(Signed) W. P. December 150 M. D. (Address) Colorsvelle
If more blanks are peeded address State Period	N. Charles Street P. Linner, D. J. G. S. M.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيا		

1. PLACE OF DEATH	B B DEATH (1891)
County (1) action or	Registration Dist. No.
Village or City Wise arr	No. St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in clts or town where death occurredyrs,mo	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME () all Vom infant ()	oluson)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowad, or divorcad HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Off 8 th 1935	last saw h elive on, to
7. AGE Years Months Oeys If L&SS than 1 day, hrs.	to have occurred on the deta stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows;
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	atil tom infant
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	(4 mo)
Data decaased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) // Se are (Stete or country) manner or	Other Contributory Canses of impactence:
	Jiwwww.
13. NAME / obrit L. Johnson 14. BIRTHPLACE (city or town) (Stete or couplry), 0	Name of operation Oete of What tast confirmed diagnosis? Was that an autopsy?
15. MAIDEN NAME ON Phyrine V. Green	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) ————————————————————————————————————	Accidant, suicide, or homicide?
17. INFORMANT at thermi Johnson (Addrass)	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Place Level Johns Johns Johns 19	Mannar of injury
19. UNDERTAKER Unationical Laboratory (Addrass)	24. Wes disease or injury in eny way releted to occupation of deceasad?
20. FILE Of p 9th, 1935 M. T. Jumiec m.	(Signed) former M. D. (Addrass) Pravousbout
If more blanks are needed, address State Registrar	2477 N. Charles Street Relaimont Pagesting 973 S. No.

CTATE OF MADVI AND

3

CEDTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter,

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	21
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURI PURI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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03911

1. PLACE OF DEATH County Baltimore			(3)	9
Village or City Monicton,	laryland		Registration Dist. No. NoSt., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of rasidance In city or town whe	re death occurred_8	2yrs.5mos	s. 19 ds. How long in U.S. if of foreign birth? yrs. mos	umber) sds.
2. FULL NAME Niekola				
(a) Residence: No. Monkto	n, laryla (Usuai piac		St., Ward. If nonresident give city or town and s	State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	trining committees
3. SEX 4. COLOR OR RACE Colored	S. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 26,	193 35 (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Georghanna	Johnson		22. I HEREBY CERTIFY. That I attended d Jan. 10, 1935, to April 26,	eceased from
6. DATE OF BIRTH (month, day, and year) 17 7. AGE Yaars Months		2 /852, If LESS than	I last saw h ilm alive on April 19, 1935 to have occurred on the date stated above, at 7.30 P.M.	; death is said
82 5	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of paset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	own far		Advance Arterio-Selerosis	1933
10. Date dacaased last worked at this occupation (monthern 1 year) 12. BIRTHPLACE (city or town) J. Q. D. C. (State or country)	00:	time (years) ant in this Life supation Land.	Other Contributory Causes of importance: Chronie Interstitial Nephritis	1935
E 13. NAME Joshua John	son		Cerebral Degeneration	1935
14. BIRTHPLACE (city or town) LONK (State or country)	ton, Mary	land	Name of operation Dete of	
15. MAIOEN NAME Pelly Jo	olmson		What test confirmed diagnosis? Was there an au 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Honk (Stata or country) 17. INFORMANT RANDOLF		nsou.	Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	, 19
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL Placa Union Okape	In Date app	an, Md	Manner of injury	
19. UNDERTAKER STAN	Chatr	y mil	24. Was diseese or injury in eny way ralated to eccupation of decaased?	
20. FILED GBT 27, 1935	Drancis	Registrar.	(Signed) (MAS C. (Mysland.) (Address) White Hall, Maryland.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22 (If death occurred in EXAC'Iy clas a hospital or institu-tion, give its NAME instead of street and number.) roper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFX 4 COLOR OR RACE 5 SINGER 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED pino (Write the word) I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH that I last saw ham alive on (Month) (Day) (Year' and that death occured on the date stated above, at IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: -THI OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Centributory BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF 0 19235. (Address) /900 II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, In deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal, 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or country) 0 Where was disease contracted, TO THE BEST OF if not at place of death? ... Former or usual residence (Informant) DATE OF BURGA (Address) If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fillness of various pursuits can be known. The quesception is very important, so that the relative health sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Cout mine, etc. women at home, who are engaged in the duties of the household only (1156 paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foroman," "Manager," "Deal-(a) Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, state occupation at beginning of illness. If retired from work, or At Home, and children, definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, yrs). without more precise specification as Day For persons If the occupation has been changed Laborerwho have no occupation -Coal mine, etc. Locomotive engineer, not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—determ for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin this"; Diphtheria (avoid use of "Croup"); Typhoid fever in ver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; "PJERPERAL septicuemia," "PUERFERAL peritonitis," diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Annemia" (merely symptomtelands) may be stated under the head of "contributory" carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY "Marasmus," "Old Age," "Shoek," Chronic etc. valeular heart Always qualify all The contributory Measles ; disease;

If this certificate is I oked over thoroughly and a I que some answered in detail, it will prevent further correspondence. . he data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 1
13

Sa. II married, widowed, or divorced HUSBAND of (or) WIFE of 8. DATE OF BIRTH (month, day, and year) May 2 / 85 / 9 7. AGE Years Months Days If LESS than I day, hrs. I alstended decomposition of the process of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, Apast Acuspen Survey as deep as SILK MILL, SAW HILL, BANK, etc. 9. Industry or business in which work as deep as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and married) spent in this occupation (month and married). 12. BIRTHPLACE (city or town). (State or country) 13. NAME Amaried (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Most Country) 18. BURIAL, CREMATION, DR REMDVAL Place (Chiy or town). Date of injury. Married injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, DR REMDVAL Place (Injury). Date Of Injury. Nature of Injury. Name of operation. Manner of Injury. Menner of Injury. Menner of Injury. Nature of Injury. Manner of Injury. Nature of Injury. Nature of Injury. Nature of Injury. Nature of Injury.	1. PLACE OF DEATH		92-0)	,
Length of residence in city or town where death occurred	County 10728 4	non	Registration Dist. No. 23/	
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR BYORCED (write the word) 5. II married, vidowed, or divorced (or) WIFE of 5. I. Married, vidowed, or divorced (or) WIFE of 5. DATE OF BIRTH (month, day, and year) (Was a done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done to external causes (VIDLENCE), fill in also the following: 10. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? 10. BIRTHPLACE (city or town). (State or country) 11. INFORMANT (Address) 12. BIRTHPLACE (city or town). (State or country) 13. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7)	If death occurred in a hospital or institution, give its NAME instead of street and	ward number)
(a) Residence: No. (Usual place of abode) (Month) (Month) (Day) 1 22. I HEREBY CERTIFY. That I attended dee abode of abode) (Month) (Day) 1 23. I last saw h. L. alive on place of abode	2. FILL NAME Mary (Killen		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYORED (which the word) 5. If married, widowed, or divorced (which the word) 5. If married, widowed, or divorced (or) WIFE of (o				d State
3. SEX 4. COLOR OR RACE OR DIVORCED (warie the word) Fig. 11 married, widowed, or divorced HUSEAND of (or) WIFE of 5. LI married, widowed, or divorced HUSEAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Fig. 1 married, widowed, or divorced HUSEAND of (or) WIFE of 7. AGE Fers Months Days If LESS than Iday, hrs. or min. SAW RES PONKEE FERS Fig. 1 min. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and min.) SAW MILL, BANK, etc. 11. Date deceased last worked at this occupation (month and min.) SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, DR RENDOVAL Place REMAINS Place REMAINS 18. BURIAL, CREMATION, DR RENDOVAL Place REMAINS 18. BURIAL, CREMATION, DR RENDOVAL Place REMAINS 18. BURIAL, CREMATION, DR RENDOVAL Place REMAINS 19. STATE (with the word) 21. HERE BY C ERT I FY. That I attended dec (Month) (Day) 11. HERE BY C ERT I FY. That I attended dec (Month) (Day) 11. HERE BY C ERT I FY. That I attended dec (Month) (Month) 19. Date of the work of the date stated above, at 1.5 STATE 19. In the REB BY C ERT I FY. That I attended dec (Month) 19. Saw MLL, Bask N. Latter (Month) 19. Saw MLL, Bask N. Latter (Month) 19. Saw MLL, Bask N. Latter (Month) 22. If HERE BY C ERT I FY. That I attended dec (Month) 19. Saw MLL, Bask N. Latter (Month) 19. Saw MLL, Bask N. Latter (Month) 22. If HERE BY C ERT I FY. That I attended dec (Month) 10. Date of the sate of the date stated above, at 1.5 State of the sate of	PERSONAL AND STATIST			
HUSBAND of (or) WIFE of 8. DATE OF BIRTH (month, day, and year) May 2// 85 9 7. AGE Years Months Days If LESS than I day, hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPIRNER. Accessed last worked at this occupation (month and work was done, as SILK MILL, BARK, etc. Saw MILL, BARK, etc. occupation (month and work was done, as SILK MILL, BARK, etc. occupation (month and work and this occupation (month and work as done) and the date stated above, at. 4 2 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date deceased last worked at this occupation (month and work as done, as SILK MILL, BARK, etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (month and work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK etc. occupation (work as done) as SILK MILL, BARK	Fincale White	OR DIVORCED (write the word)	april 1th	., 193 (Year)
T. AGE Years Months Days If LESS than 1 day	HUSBAND of (or) WIFE of	10 4 3 12t 185 3	1933 to abril 7th	deceased from
kind of work done, as SPINKER. Force (Cause of Importance) 9. Industry or business in which work was done, as SILK MILL, SAM MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and may 185) 11. Total time (years) spent in this occupation (month and may 185) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Place Black Reach Country Date of Importance: Martic Susapru ancy Meeurol August Original May 11. Total time (years) spent in this occupation with the social may 11. Total time (years) spent in this occupation (State or country) Dither Contributory Causes of Importance: Martic Susapru ancy Meeurol August Original May 11. Total time (years) Meeurol August Original May 12. Total time (years) Meeurol August Original Ma		Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at <u>JJL</u> Rm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	Oate of onset
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What test confirmed diagnosis? Was there an auto 15. MAIDEN NAME Barbara Bassum 16. BIRTHPLACE (city or town) Citate or country) 17. INFORMANT Management Company C	year) mg/.	spent in this	Dther Contributory Causes of Importance: Sewilify	
What test confirmed diagnosis? Was there an auto 15. MAIDEN NAME Barbara Bassum 16. BIRTHPLACE (city or town) Citate or country) 17. INFORMANT Manual of the citate of the country of the citate of the cit	13. NAME The P. KL	lley		
15. MAIDEN NAME Barbora Bassum 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mos Office Golden Order (Address) 18. BURIAL, CREMATION, DR REMDVAL Place Black Reck Cending Date Capail 97, 1955 Name of Injury Nature of Injury	14. BIRTHPLACE (city or town)(State or country)	mt	11. 1	
18. BURIAL, CREMATION, DR REMOVAL Place Black Rock Churchy Date Opail 9th, 1935. Nature of Injury.	16. BIRTHPLACE (city or town) (State or country) T. INFORMANT May Office of Sure	Bossum Ded Ind	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and St.	ng:, 19
One 1 B. A. I		Date Opail 9 Th, 1935		
20. FILEO april 7 th, 1934 At Drack ma (Signed) to the A Drack Resistrat. (Address) Cockeys wife med	061174 01	ma ma f Drach ma	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed)	M D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting

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Example I		Example II		
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Chronic interstitiol nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	li	Example II	Self-Shirt
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. 32	
No. (Outside) St., death occurred in a hospital or institution, give its NAME instead of street and nds. How long in U.S. If of foreign birth?yrsmo	
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH April 4 (Month) (Day)	, 193_5 (Year)
22. I HEREBY CERTIFY. That I attended of March 16, 19.35, to April 4 I last saw her alive on April 4, 19.35 to have occurred on the data stated above, at 4:30 A.m.	19.3.5
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Thrombosis of coronary arteries	Sudden
Ternary Cause: She slipped on the floor, and fell, fractiving her left shoulder causes. Other Contributory Causes of importance: Fractured left shoulder; communited. Fractive.	
Name of operation None Date of What test confirmed diagnosis? Clinical Was there an au	utopsy?_NQ
23. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	, 19
Manner of Injury Doordental Falls Nature of Injury Commissated Fracture, left shoulders 24 Was disease or injury in any way related to occupation of deceased?	
(Signed) Pikesville, Md.	M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebrol hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mou 1.1923 Gastroenteritis 1 year

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	WITH UNFADING INK-THIS	efully supplied. AGE should be s	in plain terms, so that it may be p	ant. See instructions on back of co
	Y, WITH UNFADING INK-THIS	arefully supplied. AGE should be s	H in plain terms, so that it may be p	rtant. See instructions on back of co
	LY, WITH UNFADING INK-THIS	carefully supplied. AGE should be s	TH in plain terms, so that it may be p	portant. See instructions on back of co
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	AINLY, WITH UNFADING INK-THIS	d be carefully supplied. AGE should be s	DEATH in plain terms, so that it may be p	y important. See instructions on back of co
	LAINLY, WITH UNFADING INK-THIS	ould be carefully supplied. AGE should be s	F DEATH in plain terms, so that it may be p	ery important. See instructions on back of co
	PLAINLY, WITH UNFADING INK-THIS	hould be carefully supplied. AGE should be s	OF DEATH in plain terms, so that it may be p	very important. See instructions on back of co
	TE-PLAINLY, WITH UNFADING INK-THIS	should be carefully supplied. AGE should be s	E OF DEATH in plain terms, so that it may be p	is very important. See instructions on back of co
	VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	ition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.

	L PLACE OF		F MAR	YLAND—	CERTIFIC	ATE OF DEATH	2917
	County B	altimore				Registration Dist. No.	44
		y Bengies			No	St.,.	Ward
			leath occurred			ital or institution, give its NAME instead of street a in U.S. if of foreign birth?yrs	
		E Still					
	(a) Residence		MATH. Tit.	r.r.e	St., War	rd	
-	(a) Residence	,. (10	(Usual place	of abode)		If nonresident give city or town	and State
	PERSONA	L AND STATIST	ICAL PART	ICULARS	MED	ICAL CERTIFICATE OF DEATH	1
	Female	4. COLOR OR RACE White		tRIED, WIDOWED, D (write the word)	21. DATE OF D	April 25. (Month) (Day)	, 1935 (Year)
5a	. if married, widowed HUSBAND of (or) WIFE of	l, or divorced			22. Ph HE	REBY CERTIFY That attended	ded deceased from
6	DATE OF BIRTH (m	nonth day and year) A	pril 25	. 1935	I last saw h	alive on	; death is sale
	AGE Years		Days	If LESS than I day,hrs. or Affician.		ne date stated above, at 10/130m. SE OF DEATH and related causes of importance	Date of onset
Z	8. Trade, professi	ion, or perticular rk done, as SPINNER,		1			Date of onset
PATION	SAWYER, E 9. Industry or bu work was o	BOOKKEEPER, etc			S	TILLBIRTH	
occu	10. Date deceased	last worked at tion (month and	Sp8	time (years) int in this upation			
12	BIRTHPLACE (city (State or count)		es, Md.		Other Contributary Co	nuses of importance:	
ER	13. NAME	Carl Lit	tle				
FATHER	14. BIRTHPLACE (city or town) Balt;	imore,	Md.		Date of Date o	
HER	15. MAIDEN NAM	E Ida Dra	yer			external causes (VIOL ENCE) fill in also the follo	
MOTH	16, BIRTHPLACE (city or town)Bal	to. Co.	, Md.	Where did injury occu	(Specify city or town, county and	State)
17	(Address)				Specify whether injury	y occurred in INDUSTRY, in HDME, or in PUBLIC	PLACE.
18	BURIAL, CREMATIC	ON, OR REMOVAL			Manner of injury		
	Place	n 0	Dete	,19	Neture of injury		
-	(Address)	The F	Cour	uelly	24. Was disease or inju-	tarry from the state of the sta	? M. I
20), FILED	, 19-y-y-	6/2)/31	Registrar.	(Address)	Middle River	1.710-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of importance.	*	Other contributory causes of importance.	Land Park
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?. 2. FULL NAME SI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of tolesw 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months: Davs If LESS than to have occurred on the date stated above, at ______m, 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date dacaasad last worked at 11. Total tima (years) this occupation (month end spent in this that occupation. instructions 12. BIRTHPLACE (city or town) (State or country) HE FAT See city or town Name of operation (State of country) efully What test confirmed diagnosis? Was there an autopsy? d MOTHER 15. MAIDEN NAME important. in 23. If death wes dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Data of injury_______19-DEATH (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoy very OF 18, BURIAL, CREM OR REMOVAL Manner of injury AUSE ination LION Nature of Injury_ 24. Wes disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1 B.

County / Village Dr City / County / Cou	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08919
Village Dr City Length of residence in city or town, where death occurred in a horpital or instinction, give its NAME facetor of orders and number) 2. FULL NAME (a) Residence: No. 7. CALL Compliance of abodic) PERSONAL AND STATISTICAL PARTICULARS St. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH (Nonth) (Non)		Registration Diet No. 30
Length of residence in city or town, where death occurred A A AND AND AND AND AND AND AND AND AND	Village or City Catousville	ND. St. Ward
2. FULL NAME (a) Residence: No. T. Calluigner of abobid. PERSONAL AND STATISTICAL PARTICULARS 3.5% 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWDD OR DIVORCED Come the bendered 1. SHAPP A COLOR OR RACE S. SINGLE, MARKED, WIDOWDD Sa. It married, widowed, or divorced (or) Wife of 1. DATE OF DEATH 1. SAY MINING A COLOR OR RACE S. THAT I STEED Y CERTIFY, That I altended deceased for the state of above, and years 1. DATE OF BIRTH (month), day, and years 1. S. Trade, protession, of particular and the state of above, and the state of above, and the state of above as colors and the date stated above, at 19.33.1	00	f death occurred in a hospital or institution, give its NAME/instead of street and number)
(a) Residence: ND. Tullung and State PERSONAL AND STATISTICAL PARTICULARS 3.56 J. S.	offin ma 1.1	as. How long in 0.3.11 of foreign bittin: 7. 9 yrs
PERSONAL AND STATISTICAL PARTICULARS 3. SPECIAL PARTICULARS S. SINGLE MARRID WIDOWED. OR DIVORCED (curric the popul) 21. DATE OF DEATH 10. DA		
3. 59 4 COLOR OR RACE OR DIVERCES Cereic (beyond) So. It married, widowed, or diversed (Wonth) So. It married, w		
Sa. It married, widowad, or divorced HUSAND (Month) (Day) (Year) 18. It married, widowad, or divorced HUSAND (Month) (Day) (Year) 19. DATE OF BIRTH (month, day, and year) 19. Days It LESS than I day		MEDICAL CERTIFICATE OF DEATH
So. Harried, widowad, or divorced HUSEAND of (or) WIFE of	Tellale There OR DIVORCED ("write the footing)	Merch 7 1935,
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. September 1	Sa. If married, widowad, or divorcad HUSBAND of	
Same	(or) WIFE of	
1 day, hrs. or min. 1 day, hrs. or min. 1 day, hrs. or min. 2 day.	6. DATE OF BIRTH (month, day, and year) Luch 1875	10 0
3. Trada, profession, of particular were as follows: Sind of work done as SPINNER TOPISE Sind of work done as SPINNER Sind of work work as SPINNER Sind of work done as SPINNER Sind of work as SP		
S. Trada, profession, of particular in the profession of particular in the par		more as follows:
Saw Mill, Bakk, etc.	8. Trada, profession, of particular kind of work done, as SPINNER,	Date of vision
Dithar Castributary Causes of importance: 12. BIRTHPLACE (city or town)		Labou Mumoria 18 day
Dithar Castributary Causes of importance: 12. BIRTHPLACE (city or town)	work was done, as SILK MILL, SAW MILL, BANK, etc	J
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) (
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL ENGLANDED 18. BURIAL ENGLANDED 18. BURIAL ENGLANDED 18. BURIAL ENGLANDED 19. UNDERTAKER 18. BURIAL ENGLANDED 19. UNDERTAKER 18. BURIAL ENGLANDED 19. What is a country 19. What is a confirmed diagnosis? Cluster 19. What is a confirmed diagnosis? Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. What is a confirmed diagnosis? Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is a confirmed diagnosis? Cluster 19. Was there an autopsy? (No What is	12 RIRTHPLACE (city or town)	Dthar Cantributary Causes of importance:
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What test confirmed diagnosis? Was there an autopsy? Most lest confirmed diagnosis. And there was the following: 15. Mannar of Injury occurred in Industry. And there was the following: 16.	13. NAME ULLUOUS	
What test confirmed diagnosis? Was there an autopsy? Most lest confirmed diagnosis. And there was the following: 15. Mannar of Injury occurred in Industry. And there was the following: 16.	4. BIRTHPLACE (city or town)	Name of operation
Whare did injury occur? 17. INFDRMANT Mes alfale Kucabb Specify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL SPRING ALFALE SPRING ALFALE SPRING ALFALE SPECIFY Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury In any way related to occupation of deceased? Manual Address Place Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION Sources Specify Whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CASION SOURCES	(State of Country) poster of the country	What test confirmed diagnosis? Cleurcal Was there an autopsy?
Whate did injury occur? 17. INFDRMANT (Address) 18. BURIAL ENGRATION, 87 REMOVAL 19. UNDERTAKE Caston (Address) (Ad	E 15. MAIDEN NAME MUSCURE	
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18. BURIAL EXPLATION, OF REMOVAL AND COMMENTAL CORN. 6, 19. 35 Mannar of Injury Nature of injury 19. UNDERTAKER 6. Aslow Source (Addition of the Comment	17. INFORMANT Mys. alfred Kreapp	(Specify city or town, county and State)
19. UNDERTAKER GASTON Sources (Additional Parties of Carting Control o		Menung of Inline
19. UNDERTAKER 6 aston Sous 24. Was disease or injury In any way ralated to occupation of deceased? Wo If so, specify 20. FILED about 4, 1935 washall B west (Signad) Marshall B West M.	Place Touloutal then Upv. 6,19 3.	
20. FILED OF THE 1935		24. Was disease or injury In any way ralated to occupation of deceased?
Registrar. 1 (Address)	20. FILED sheel 4, 1935 maishall B west	(Signad) Marshall B West M. D. (Address) Calounulle Ma

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	•	MARGIN	RESERVE	D FOR	MARGIN RESERVED FOR BINDING		
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	LY, WIT	H UNFADIN	IG INK-TH	IS IS A	PERMANENT RE	JORD. Every item of in	for-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	carefully	supplied.	AGE should	e stated	EXACTLY.	PHYSICIANS should s	itate
CAUSE OF DEA	TH in pla	in terms, so	that it may	e prope	rly classified. Exa	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	PA-
TION is very important. See instructions on back of certificate.	portant.	See instructi	ons on back	of certific	ate.		

V. S. No. 1

	STATE C	OF MAR	RYLAND-	CERTIFICATE OF DEATH	12921
1. PLACE OF				(191)	7
County	Baltimore			Registration Dist. No.	30
Village or Ci	ty Catony	ille		No. Ohit Home St.	Ward
Length of resid	dence in city or town where	death occurred	O yrs 6 mos	f death occurred in A hospital or institution, give its NAME instead of street isds. How long in U.S. if of foreign birth?yrs	
2. FULL NAM		c Laugh			,
(a) Residence	e: No. 1630 N		ngton Stre		
			ce of abode)	If nonresident give city or town	
	AL AND STATIST			MEDICAL CERTIFICATE OF DEAT	H
Female	4. COLOR OR RACE White	5. SINGLE, MA	RRIED, WIOOWED,	21. DATE OF DEATH April (Month) (Day)	193 O
5a. If married, widows HUSBANO of (or) WIFE of	ed, or divorced			22. HEREBY CERTIFY, That I atten	ded deceased from
6. DATE OF BIRTH (month, day, and year)	ay, ?	I866.	I last saw h la alive on after 3, 19.4	19.3.1.; death is said
7. AGE Year	Months II	Oays	HI LESS, than,	to have occurred on the date stated ebove, at	
8. Frede profes	sion, or particular		l ormin.	were as follows:	Cate of onset
	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc ousiness in which	Telepho	one Operat	or alw Sout neflerely	Saus.
work was	done, as SILK MILL, L, BANK, etc	Retir	∍d	Chis magazardus	banos
0 10. Date decease		31	time (years) cent in this cupation		
12. BIRTHPLACE (city		imore		Other Contributory Causes of importance:	
(State or coun				artires Isleronis	Muh
当. NAME	George Mc				
13. NAME 14. BIRTHPLACE (State or		ltimor	9	Name of operation Oate What test confirmed diagnosis? Church Was there	4
15. MAIOEN NAM	ME Sarah Har	ris		23. If death was due to external causes (VIOLENCE) fill in also the folio	
15. MAIOEN NAM	(city or town)Ba	ltimore	2	Accident, suicide, or homicide? Oate of injury	
17. INFORMANT	Mrs.Robert 1630 N.Wash		(Niece) Street	Where did injury occur?(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	Date 4/	6/3/19	Menner of Injury	
19. UNDERTAKER (Address)/	35 AL	Parts	ore .	24. Was disease or injury in any way related to occupation of deceased. If so, specify	ne
20. FILEO april	L 4, 1935 /7	vaislate	B Wish- Registrar.	(Signed) Waisfalls 13 wish (Address) Catounulle 7	M. D.
	If more	blanks are needed	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago 1921 Run over by street car 1 week ago Chronie interstitial nephritis Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Length of residence in city or town whate deeth occurred yrs mos. ds How long in U.S. If of foreign hirth? yrs mos. ds 2. FULL NAME (a) Residence: No.	1. PLACE OF DEATH		1 1/1/11	YLAND—	——————————————————————————————————————	4340
Village or City. Ward Geath occurred in a horpital or institution, give in NAME instead of street and number)	County Ball	and	2		Registration Dist. No.	7
(a) Residence: No. (Unables of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WINDOWED, OR DUYORCED (write the word) AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WINDOWED, OR DUYORCED (write the word) AND STATISTICAL PARTICULARS 1. I married, widowed, or divorced HUSAND- or	Village or City	sarro	D. Pori	S. (III	No. 430 A. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
(a) Residence: No	Length of residence in city of	or town where d	eeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsn	10sds.
PERSONAL AND STATISTICAL PARTICULARS	2. FULL NAME Te	atherr	ine /h	c= Yey		
4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, Williams of Color of Race OR DIVENCED Committee the word of Market Color of Ma	(a) Residence: No.	30 J.	(Usual place	of abode)		d State
Sa. If married, widewed, or divorced pushed of the word of word of word of word of the word of w						
HUSBAND-OF (or) WIFE of Mark J. Mr. J.	3. SEX 4. COLOR O	OR RACE	OR DIVORCED	(write the word)	Cypril 30	., 193 (Yeer)
S. DATE OF BIRTH (month, day, and year) J. AGE Years Months Days If LESS than to have occurred on the date stated above, et. 9 3 km. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Wind of work done as SPINNER, where the profession, or particular kind of work done as SPINNER, which done as SPINNER, decay and the PRINCIPAL CAUSE OF DEATH and related causes of importance as SPINNER, which done as SPINNER, and the PRINCIPAL CAUSE OF DEATH and related above, at the PRINCIPAL CAUSE OF DEATH and related above, at the PRINCIPAL CAUSE OF	HUSBAND of	lo J.	me	Vey	22. I HEREBY CERTIFY, Thet lettended	deceesed from
So o o o o o o o o o o o o o o o o o o	6. DATE OF BIRTH (month, day, a	nd year)	une -	15-1889	1 lest saw her alive on agril 30 th 1935	; death is said
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION; OR REMOVAL Place (Address) Date Dat	14. BIRTHPLACE (city or town)	Dall		50 0 / - 0 8	
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Place Will Jawn Date 5 3 ,19 33 Nature of injury 19. UNDERTAKER John J. Lemelly 24. Was disease or injury in eny way related to occupation of deceased? 220 (Address) 15 so, specify (Signed) Occupation of deceased? 220 M.		IOVAL	o. Money	1	Manner of injury	
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20. FILED / W. 1935 / 1935 / 1935	19. UNDERTAKER Arthur (Address)	49	Come.	lly		no.
	20. FILE May 3 , 19	359 (1	Com	Registrar.		m. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINAY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED V. S. No. 1

1. PLACE OF DE	STATE C			93-c)	40	
County Baltimore Dundalk Md.				Registration Dist. No. 4/-		
					K/	
Village or City			(If	NoSt death occurred in a hospital or institution, give its NAME instead of street	ward number)	
Length of residence in	city or town where	death occurred6	yrsmos	ds. How long in U.S. If of foreign birth?_33yrs	mosds	
2. FULL NAME		Metallo		The control of the control of the control of		
(a) Residence: No.	256 Bal	timore A	ve	St., Ward.		
(4) 110010011001 1101		(Usual place o	of abode)	If conresident give city or tow	n and State	
PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	H	
Male 4. co	White	5. SINGLE, MARR OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH 30 (Month) (Day)	, 193_ 3 (Yeer)	
a. If married, widowed, or d HUSBAND of Ma. (or) WIFE of Ma.	ivorced	110		22. I HEREBY CERTIFY. That I atte	ended deceased from	
. DATE OF BIRTH (month,	day end year) Al	ionist 19	1871	Hast sawh im elive on asil 30 19	death is sai	
. AGE Years	Months	Days	If LESS than	to have occurred on the date steted above, at		
63	8	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:		
8. Trade, profession, or	particular		1 01	were es follows.	Oate of onse	
kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, etc.	Abcrapma	n Staal C	Brancha Posterior	4.25-	
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SAW MILL, BANI Date deceased lest v this occupation or year) BIRTHPLACE (city or tow (State or country)	(, etc	11. Total tir spen spen spen spen spen spen spen spen	me (years) t in this	Other Contributory Causes of importance: Chrome Myrrandto Name of operation Determined to the contribution of the contributi	mles	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	E 3416
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impertances		Other contributory causes of importance:	
Gallstones 2 . A	May 1,1923	Gastroenteritis	1 year
1 3 B			

V. S. No. 1 m

item of infor-

of OCCUPA-

			F MAR	YLAND-	CERTIFICATE OF DEATH	8924
	1. PLACE OF DEA	TH			23)	,
	County Baltimore				Registration Dist. No. 37	
	Village or City	At. Wilso	on		Mt Wilson Branch Mc. No. Tuberculosis Sanatorium, death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in c	ity or town where de	eath occurred	O_yrsl_mos	death occurred in a hospital or institution, give its NAME instead of street and least the low long in U.S. if of foreign birth?yrs	l number) mosds
	2. FULL NAME	Mr. Guy	L. Mil	ler		
	(a) Residence: No.	3724 E.	Lombar (Usual place		St., Ward. Baltimore, Md. If nonresident give city or town as	nd State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or race		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH April 5th (Month)	., 193 5
		largaret	Miller		22. I HEREBY CERTIFY. That I attenda Feb. 25th, 1935 to April 5th	1 19 35
_	DATE OF BIRTH (month, da AGE Years	y, and year) De C 6			liast saw him_alive on_April_5th, 1935	; daath is sald
	22	Months	Days	if LESS than f day,hrs.	to heve occurred on the data stated above, et 2.30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	Trade, profession, or p		7.7	ormin.	ware as follows:	Date of onset
OCCUPATION	kind of work dona, SAWYER, BOOKKEE 3: Industry or business in work was done, as: SAW MILL, BANK,	as SPINNER, EPER, etc	Printer		Pulmonary tuberculosis	Feb.
000	10. Date daceased lest wo this occupation (mo year)	rked at	ff. Total ti	me (yaars) it in this 5 yrs		
12	. BfRTHPLACE (city or town) (State or country)	Cumber] Marylar			Other Contributory Causes of Importance: Toxic Myocarditis Syphilis	?
ER	13. NAME Georg	re Miller	r		-ay-pit-i-t-s	
FATHER	14. BIRTHPLACE (city or to (Stata or country)		own Virgin	ia	Name of operation	
ER	15. MAIDEN NAME T	ottie Ro		10.	Whet test confirmed diagnosis? X= Pay. and Was there and 3. If death was due to external ceuses (VIOLENCE) fill in also the following	au'opsy?NO_
MOTHER	16. BIRTHPLACE (city or to (Stete or country)		ock,		23. If death was due to external ceuses (VIOLENCE) fill in also the followit Accident, suicida, or homicide? Date of Injury Whera did injury occur?	
f7	INFORMANT A Occio	R. Sch	Cuesto d	3	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ste) LACE.
f8	Place Place	rest box	Data 4	ruland mod	Menner of Injury	
19	UNDERTAKER (Address) 2016	lip Ster	wigs	Lord	24. Was diseese or injury in any way related to occupation of deceased? If so, specify	No
20,	FILE Office 5	1935 77.	O Dim		(Signed) Ohy C. Junth	

If more blanks are needed, address State Registrar, 2411 N. Charles Seet, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:	-625	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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OCCUPATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02925
1. PLACE OF DEATH	41.2
County Hand Flowers Balt	Registration Dist. No. 40
Village or City	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s
(a) Residence: No. Sweathorse Ord. (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That J ttendad deceased from
6. DATE OF BRITH (month, day, and year)	1) Jast saw hold aliva on and Se Se deeth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the data stated above, at 3 3 m.
82 9 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:
8. Treda, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	avena de l'onne de l'ama de l'
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked et this occupetion (month and yaer) this occupetion	
12. BIRTHPLACE (city or town) Party Hall (Stete or country)	Other Contributory Causes of importence:
13. NAME Hem Mahr	
13. NAME Wenny Make 14. BIRTHPLACE (city or town) Seeman (Stata or country)	Nema of operation Date of
15. MAIDEN NAME Man Zund	Whet test confirmed diagnosis?
15. MAIDEN NAME Many Turny 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was dua to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Man Mohn (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. goverster and Date Governor 251935	Menner of injury
19. UNDERTAKER tredles franchis of for (Address) 7 401 Belain Old.	24. Wes disease or injury in any way releted to occupation of deceesed? If so, specify
20. FILED 7/23/33 19 Malan Malamant	(Signey) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOW EAS	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
tranthorisation of Country in which death ou	21000-0
su form of filed under Hammett, 6-8-3	5

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate TION is very important.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02926
Village Dr City parrows Pons and	Registration Dist. No. St., War
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAMES tell born enfant (morrison)
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mgh)h) (Dey) (Year)
Husband of (or) Wife of	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, end yeer April 3., 1935	I last saw h alive on 19 19 19 19 19 19 19 1
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end-releted causes of importence were es follows:
2 Trade profession or particular	Date of ones
9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK atc.	
Date deceesed last worked at this occupation (month and yeer) occupation	
12. BIRTHPLACE (city or town) framework Rd (State or country)	Other Contributory Couses of importance:
1 1/0	Office and
13. NAME Marlis / Mom's on 14. BIRTHPLACE (city or town) Edgemere Ma (Stete or country)	Name of operation Date of
	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Way arry C Thumpson 16. BIRTHPLACE (city or town) Balton	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT Mayar Mamon (Address) Spanowoon	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL PAGE UT TO Johns Hepkins Date 19	Manner of injury
19. UNDERTAKER atomical haloratory (Address)	24. Wes disease or fijury in any way related to occupetion of deceased? If so, specify AAAP
20. FILE Grue 4 1933 4 Al Comice in D	(Signed) I M. (Address) Aparons Cont

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. 1000 (If death occurred in a hospital or iostitution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long In U.S. if of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING (Day) (Year) 5a. If marriad, widowad, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended daceased trom (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or min. Date of enset 8. Trade, protession, or particular ATION RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnous work was done, as SILK MILL, o SAW MILL, BANK, etc. 11. Total time (years) O. Date deceased last worked at this occupation (month and spent in this year) occupation __ instructions Other Coatributory Causes of importance MARGIN 12. BIRTHPLACE (city or town) (Stata or country) HER 13, NAME See FAT 14. BIRTHPLACE (city or town) ___ Name of operation ... (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Ë DEATH 16. BIRTHPLACE (city or town) Accident, sulcide, or homicide?______ Date of injury_______ 19__ (State or country) Where did injury occur? ____ (Specify city or town, county and State) 17. INFORMANT Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous OF (Address) 18. BURIAL CREMATION, OR REMOVA Mannar of injury AUSE TION Natura ot injury 19. UNDERTAKER V. S. No. 1 (Address) If so, specity 20. FILED. Registrar. (Address)

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1. PLACE OF

	·	13	
STATE OF MARYLAND—CERT	IFICATE OF DEATH	03925	}
DEATH	23		
Baltimore	Registration Dist. No.	33	
y Mount Pleasant Reisterstown, Md. No.		01 14	War
ence in city or town where death occurred 2-yrs 9 mos 9 ds.	d in a hospital or institution, give its NAME instead of How long in U.S. if of foreign birth?yrs.	f street and number)	d
1E Therese Moudling			
e: No. 618 S. Clinton St, Ballinon Mr.	Ward.		
(Lisual place At abode)	If nonresident give city	or forum and State	

County____ Village or Ci Length of resid 2. FULL NAM (a) Residence PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Julas (Year) 5a. If merried, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers If LESS then to heve occurred on the date steted above, at 11:00 Pm Months Days I day, hrs. 32 or____min. Date of onset Trede, profession, or perticuler kind of work done, es SPINNER, NO SAWYER, BOOKKEEPER, etc OCCUPATI 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 11. Totel time (years) 10. Dete deceesed last worked et this occupation (month end spent in this Years occupation __. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or lown) Dete of injury (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN Menner of injury Neture of injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) ___/

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BUREAU V. S.			- 1.2-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			STEWART IN

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND-CERTIFICATE OF DEATH

08931

	1. PLACE OF	F DEATH				23	
	County	Balti	more			Registration Dist, No. 32	
	Village or Ci	ity lit.	Wils	on		No. Tuberculosis Sana toriumst., death occurred in a horpital or institution, give its NAME instead of street and r	Ward
O G (IF						death occurred in a hospital or institution, give its NAME instead of street and r	number)
				daath occurrad)sds.
	2. FULL NA				1. O'Brie		
	(a) Residence	ce: No. 32	01 Ho	ward Par		st, Ward. Baltimore, Md.	
-	PERSON	AL AND S	STATIST	(Usual place		If nonresident give city or town and	State
3.	SEX	4. COLOR OF		5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	Female	Whi		OR DIVORCE	(write the word)	April 10th.	102 5
-	If marriad, widow			I Sing	Te	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	04, 01 41101664	Sing	le		22. I HEREBY CERTIFY, That I attended	deceased from
-						Sept. 27th, 19 34, to April 10t	h,1935
	DATE OF BIRTH	month, day, and	yaar) Ju	ly 3rd,	1913	Hast saw h. er alive on April 10th, 19 35	; daath Is said
7.	AGE Yaar		Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 2. 3.0 A.m.	
-	2]		9	7	ormin.	Tha PRINCIPAL CAUSE OF DEATH and releted causas of importence ware as follows:	Data of onset
N	8 Trada, profes	ork done, as SI	PINNER.	Clerk			
II	SAWYER,	BOOKKEEPER, businass in which	etc	merican	Rank	Pulmonary tuberculosis	May
OCCUPATION	work was	dona, as SILK L, BANK, atc	MILL, S	tationer	y Co.		1934
200	10. Date daceese	d last worked	at	II. Totel tip	me (vears)		
	year)	pation (month a	y 19	34 span	tin this 3 yrs	3	
12	BIRTHPLACE (city	was town)	Balti	more		Othar Contributary Causes of importanca;	
16	(State or coun		Maryl			Intestinal tuberculosis	May
ER	13. NAME	Willia	m II.	O'Brien			1934
FATHER	14. BIRTHPLACE	(city or town)	Bal	timore		Nema of operation No operation Data of	1704
F/	(State or		Mar	vland		What test confirmed diagnosis? X-ray Was there an a	utana NO
ER	15. MAIDEN NAN	we Marg	aret	C. Welle	r	23. if death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or town)	Balt	imore		Accident, suicide, or homicide? Date of injury	
Σ	(State or		Mary	land		Where did injury occur?	,
17	INFORMANT	Touis	RI	chuent-	La .	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	(CF
	(Addrass)	Mt.	Wilso	n, Ma.	7		
18.	BURIAL, CREMATI	11-11	VAL 1	111		Manner of injury	
	Place / Levo	Calkee	nex	Date	, 1935	Nature of Injury	
19	UNDERTAKER /	yorg are	X 27	Flynn		24. Wes disease or injury in any way related to occupation of deceased?	No
	(Address)	1 - 21	07 H	Ellon		If so, spacify	
20	FILED april	10 135	- 7	1000	Mae	(Signed) John (1. Smith	
20,				VV-!	Registrar.	(Addrags) Mt. Wilson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF N	MARYLAND-	CERTIFICATE	OF DEAT	H
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0	D	0	">	2
U	9	J	0	4

1. PLACE OF DEATH	(152)
County Allegeon	Registration Dist. No. 43
Village or City / 2as/ Nebeu 2	ND. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
112014. 1100	osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME OULDING OL	Sylvista
(a) Residence: No. Vlastebuc	g st., Ward.
(Usyal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED WINDWARD 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF 10
1 Wodow	(Month) (Day) (Year)
5a. If married, widowed or differenced HUSBAND of	A I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of VVVVCO Lang Octoglia	ate 9 10 31 a spe 10
6. DATE OF BIRTH (month, day, end year)	I last say he alive on and 1931 death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
7 / 3 _ lday,hr	The PRINCIPAL CAUSE OF DEATH and related causes Pimportence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	10 14 19 8 14
	Alacadius
work was done, as SILK MILL, SAW MILL, BANK, etc.	
To Date deceased last worked et 11. Total time (years) spent in this	V
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Grwally	I C c o o o o o o o o o o o o o o o o o o
(State or country)	- Club fleg
13. NAME Traus Gayllustic	
13. NAME Trace (city or town) Serferale	Name of operationDate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Chrisque Beleven	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Servera	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT MIS Trutte arive Vaic	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rasseling	purpe
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Toly Reserve Compate april 13. 10.3	Nature of injury
19 UNDERTAKER John ha Weber	24. Was disease or injury in any way related to occupation of deceased?
(Address) 10 1 Chester Anget	If so, specify
4/10 35 50 205	(Signed) M.D.
20. FILED 7 1990 Kegistrar.	(Address) Proserved Mg

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. item alonsu No. Save Of Malle Market of street and number)
(If death occurred in a horpital or institution, give its NAME instead of street and number) mos 22 ds. How long in U.S. If of foreign birth? Length of rasidance in city or town whera death occurred 2. FULL NAME SI (a) Residence: No (Usual place of abode) If nonresident give city or town and Stale PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance min. Date of onset # 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BODKKEEPER, atc. may Industry or business In which work was done, as SILK MIL SAW MILL, BANK, etc. 10. Date daceased last worked at no 11. Total tima (yaars) this occupation (month and 3 spent in this Mike that year) _____ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? Was Large Was there an autopsy? 15. MAIDEN NAME important 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or Accident, suicide, or homicide?. DEATH (State or country) Whara did Injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT OF (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury SE LION Nature of Injury 24. Was disease or injury in any way related to occupation of dacaased? 19. UNDERTAKER (Address) If so, spacify (Signed) 20. FILED. Registrar. If more blanks are nedded, address Slate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	, à		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			194-6
County Baltimore				Registration Dist. No. 32
Village or City Pikesville				No. 42 Seven Mile Lane St., Ward
Length of resi			3yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NA	ME Franklin	W. Pfeif	fer	
(a) Residen	ice: No. 42 Sever	Mile La (Usual place		St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Male	OR DIVORCED (authorized)			21. DATE OF DEATH April 17 (Day) (Year) (Year)
5a. If married, widow HUSBAND of	ved, or divorced			
(or) WIFE of	Ella C. Pfeif	ffer		22. I HEREBY CERTIFY, That I attended daceased from many years 19 15 17 19 35
6. DATE OF BIRTH	(month, day, and year) May	19, 187	4	I last saw him alive on April 17 ,19 35; death is seld
7. AGE Yea		Days	If LESS than	to have occurred on the data stated above, at 9: 30 - Pre.
60	0 10	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profes	ssion, or particular			Pulmonary hemorrhage About
No Sawyer, Saw	ssion, or particular work done, as SPtNNER, , BODKKEEPER, etc	detired b	utcher	(Cause of hemorrhage unknown) 12 hrs
work was	e dono se SILK MILL	leat busi	ness	
O 10. Data decease	ed last worked at		ime (years) ntin thiuntil	
year)	pation (month and	spe	upation 1924	
12. BIRTHPLACE (cit	ty or town) Howard	County		Other Contributary Causes of importance:
(State or cour				Chronic Invalidism since 1924 1924 1924 1924
13. NAME W1	lliam Pfeiffer	•		side as result of a fractured skull)
13. NAME Will 14. BIRTHPLACE	(city or town) Howard	1 County		Name of operation Date of
(State of	country) Maryla	and		What test confirmed diagnosis? Clinical Was there an autopsy? _No_
15. MAIDEN NA 16. BIRTHPLACE	ME Elizabeth I	Mollman		23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE	(city or town) Howard	i County		Accident, suicida, or homicide? Date of Injury, 19
≥ (State or	country) Maryls	and	A	Where did injury occur? Raltimore, Md
17. INFORMANT Ella C. Pfeiffer				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 42 Seven Mile Lane, Pikesville				Industry
18. BURIAL, CREMATION, OR REMOVAL Place Loudon and Date yril 20, 1935				Manner of Injury
19. UNDERTAKER	William J. Ti	cknar &	Sons	24. Was disease or injury in any way related to occupation of deceased? NO
(Address)	William J. Ti Penna. & Nort	h Aves.,	Baltimore	If so, specify
20. FILED april	19,1935 1	ME	mar	(Signed) W (MCCAUCE M. D.
Registrar.			Registrar.	(Address) Pikesviller Md

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
5			

County Village pr City Length of residence in city or town where death occurred (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WHOWED OR, DIVORCED Lawrite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A Date OF BIRTH (month, day, end year) 8. Trade, profession, or particular kind of work done as SPINNER, for minn. 8. Trade, profession, or particular kind of work done as SPINNER, for minn. 8. Trade, profession, or particular kind of work done as SPINNER, for minn. 9. Industry or business in which work was done, as SPINNER, for minn. 10. Date Label deceased last worked at 11. Total time (years) 10. Date Label deceased last worked at 11. Total time (years) 10. Date Label deceased last worked at 11. Total time (years)	No. 30
Length of residence in city or town where death occurred	St., War
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED dewrite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WiFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE of Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 90 10 11 12 12 13 14 15 16 16 16 17 18 18 18 19 19 10 10 10 10 10 10 10 10	yrsd
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED Corrie the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or	city or town and State
6. DATE OF BIRTH (month, day, end year) 7. AGE of Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, for min. 8. Were as follows: 1. I last saw h	28, 193 S
6. DATE OF BIRTH (month, day, end year) 7. AGE of Years Months Days If LESS than 1 day, hrs. or min. B. Trade, profession, or particular kind of work done, as SPINNER, to see as follows: B. Trade, profession, or particular kind of work done, as SPINNER, to see as follows: B. Trade, profession, or particular kind of work done, as SPINNER, to see as follows:	(Day) (Year) That I attended deceased fro
Kind of work done, as SPINNER, Yourefless Awyer, Bookkeeper, etc	, 19
SAVIER, DUNNEEPER, CIC	Importance Date of onse
W// (I) +	tis (Chronia).
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Diher Contributory Causes of importance:	
(State or country) Character of town) Character of town Duringer Thysician only can potient to	wice.
In BIRTHPLACE (city or town) Name of operation What test confirmed diagnosis?	Date of
15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in all Accident, suicide, or homicide? Date of	iso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill In all Accident, suicide, or homicide? Date of Capacity city or town, Specify whether injury occurred in INDUSTRY, in HOME, or Mainly occurred in INDUSTRY, in	, county and State) or in PUBLIC PLACE.
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place 19. UNDERTAKER	
19. UNDERTAKER (Address) 24. Was disease or injury in eny way related to occupation of (Address) 15 for the control of the con	
20. FILED 2. ,1935 (Signed) (Address) # 102 Weister (Address) # 103 Weister (A	of deceased? No

MARGIN RESERVED FOR BINDING

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

County	Ballin	wore.			Registration	Dist. No. 3	3
Village or City	Firel	and	(1	ND.	or institution, give its NAN	St.,	Ward
Length of residence in	city or town where	death occurred		sds. How long in l			
2. FULL NAME	Stil	e Ba	m. R.	rutson			
(a) Residence: No.	Fre	eland	,	St., Ward.			
DEDGGWW		(Usualplac				nt give city or town a	
PERSONAL AT					AL CERTIFICAT	E OF DEATH	
3. SEX 4. COLO	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	Ches	1 sk	102 4 ~
5a. If married, widowed, or div	Viile	1	ngle		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	orced			22. I HER	EBY CERTIF	Y. That I attend	ed deceased from
(01) 11112 01	· ·				19.35, to	0.	, 1930
6. DATE OF BIRTH (month, da	ay, and year) (ha 1-	1935	I last saw h	TON	, 19	; death is sale
7. AGE Years	Months	Days	If LESS than	to have occurred on the da			
_		-	1 day,hrs.	The PRINCIPAL CAUSE Of were as follows:	OF DEATH and related cau	ises of importance	Date of onset
8. Trade, profession, or p	articuler as SPINNER.				9		Date of ourset
kind of work done SAWYER, BOOKKE		(non		-	100-12		
work was done, as	SILK MILL,	no	n	VI	Cl (20)	w	
10 Date deceased lest we	orked at	11. Total	time (years)		·		
this occupation (my	onth and		ent in this				
12. BIRTHPLACE (city or town	Asse	dand	not.	Other Contributory Causes	of importance:		
(State or country)			,				
13. NAME Of also	sh Rog	us Ro	ulson,				
13. NAME (alg	own)	marsh	and.	Name of operation		Date of	
(Stete of country)				Whet test confirmed diegn-	osis?	Was there a	n autopsy?
15. MAIDEN NAME	Rosa	may 14	oung.	23. If death was due to exte	ernal causes (VIOL ENCE)	fill in also the follow	ing:
16. BIRTHPLACE (city or t	own)	asielan	B.	Accident, suicide, or homic	cide?	. Date of Injury	, 19
∑ (State or country)				Where did injury occur?			
17. INFORMANT Rules Routson (Address)				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Menner of Injury				
Place My Zion	emilin	2 Date gol	162,1935	Nature of injury			
19. UNDERTAKER Paus (Address)	Ln /4	artensi	ein aa	24. Wes disease or injury le	n eny way related to occu	pation of deceased?	no
(0	0 0	Acces	(Signed)	19.11		

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BUREAU V. S. J.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

STATE OF MARYLAND	CERTIFICATE OF DEATH (13941)
1. PLACE OF DEATH	(159)
County Ballimore	Registration Dist. No. •23
Village or City Fineland, Md,	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whare death occurradyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME South Kouts	ion
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Chr. 1-1935	i last saw h eliva on Offar 1,1932; daeth is sald
7. AGE Yaars Months Days If LESS than 1 dey, 4 hrs.	to have occurred on the date stated above, at. // 30, f.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
or.41.7_min.	wera as follows:
8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. industry or business in which	A +TT
work was done, as SILK MILL, SAW MILL, BANK, atc.	Jestmanise oum
O 10. Date dacaased last worked at this occupation (month and year) occupation occupation	(8 mo dist.)
1 2.1.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - + selland Ma	
13. NAME Rolph Rogers Routoni	
13. NAME Ralph Rogers Roulour 14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was thara an autopsy? Was
15. MAIDEN NAME Rosa May Uners.	23. If daath wes due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Rosa May Young. 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Jalysh Yogels Koulsons (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury
PlaceM June Cometing Date Jul 2, 19.35	Nature of injury
19. UNDERTAKER Paul n Hartenstein (Address) new freedom 10a	24. Was disease or injury in any way releted to occupation of decaased? ?
20. FILED april 2, 1935 Samuel & Miller	(Signed) Lyagle M. D.
If more blanks are model address Caste Parish	(Address) Www treedown tax

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3. 5

5a.

6. I

OCCUPATION

12.

FATHER

MOTHER

18. BURIAL, CREMATION, OR REMOVAL

	C-	TATE O		VI AND	CERTIFICATE OF DEATH	3
	5	IAIE	F MAR	YLAND-	CERTIFICATE OF DEATH	ONGAL
. PLAC	CE OF DEAT	rHI.			93-0	ndost
Coun	tv. Bal	la			Registration Dist. No. 3	D
Willes	ge or City C	^	000		AP A- 11	
Amag	ge or city	acann		(If	No. St., death occurred in a hornital or institution, give its NAME instead of street a	nd number)
Lengtl	h of residence in cit	y or town where de	ath occurred		ds. How long in U. S. If of foreign birth?yrs	
. FULL	L NAME	ero inia	June	South	.9.44)	
	Residence: No.			5.0	O. Wall	
(a) N	residence: No	- Ocean	(Usual place	of anode)	St., Ward. If nonresident give city or town	and State
PER	RSONAL ANI	DSTATISTIC			MEDICAL CERTIFICATE OF DEATH	
EX. Tem.	ales 4	shele	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 20 (Month) (Day)	, 193 5 (Year)
(or) WIF		unh	185	5	22. I HEREBY CERTIFY, That I attended to the state of the	5, 19.7.7.
GE	Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 4 a m.	
	59	7	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade	e, profession, or par ind of work done, a	rticular IS SPINNER		()	were as follows:	Date of onset
9. Indus	AWYER, BOOKKEEP stry or business in ork was done, es SI	PER, etc	ausew.	<i>f</i>	Cho myocordalis	unh
10: Date	AW MILL, BANK, et deceased last work his occupation (mon- eer)	c ed at	sp:	time (years)		
	ACE (city or town)	wash	uylon	Co-	Other Contributory Causes of Importance:	A
(State	or country)		1 1	al.	Calla	

Other Contributory Causes of Importance:

15. MAIDEN NAME Chatterine 104 cole 23. If death was due to external causes VIOLENCE) fill in also the following:

16. BIRTHPLACE (city or town) Date of Injury Date of Country)

Where did injury Date of Injury Date o

Where did injury occur?

(Specify city or town, county and State)

7. INFORMANT Of Home report

(Address)

(Address)

Registrar.

Place Clar Juny Med Date Office 2.2, 19.35.

Nature of injury

19. UNDERTAKER Sunday & Rowland.

(Address) A Manual Street of the Company of

(Signed) was all B 4 st M

(Address) Catarrelle Wh

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V S. 1			
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RD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. B.—WRITE PL V. S. No. 1

	STATE OF	MARY	(LAND—	CERTIFICATE	OF DEA	1H ()	3943
1	L. PLACE OF DEATH			<u> </u>		3	1
	/ County Baltimore				Registration I	Dist. No.	1
1	Village or City Randallst	own		No	A	St.,	Ward
1	Length of residence in city or town where deet!	h occurred		death occurred in a hospital or ins			
1.		e Schem					
1	(a) Residence: No. Randallsto		11	St. Ward.			
	(a) Residence: No. Rangalisto	(Usual place o	f abode)	SL,	If nonresident	give city or town as	nd State
	PERSONAL AND STATISTICA	AL PARTIC	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
		SINGLE, MARR	(write the word)	21. DATE OF DEATI	H April	9	. 5
	Male White	Widowe			(Month)	(Day)	(Yeer)
5a.	HUSBAND of Annie Sc	hemm		22. I HEREI	BY CERTIF	Y. That I attende	d deceased from
	(or) WIFE of Annue SC	II Chini		aug.	, 19. 33 to	afor	19.31
6.	DATE OF BIRTH (month, day, and year) July	28, 18	54	I last saw h1M alive on.	afra 1		death is said
	AGE Yeers Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date s			
-	80 8	4	ormin.	The PRINCIPAL CAUSE OF D	EATH and related cause	s of importance	Date of onset
No	8. Trade, profession, or particuler kind of work done, as SPINNER,	tired Fa	39m o 39	Chumin	un of	auch	
A	9. Industry or business in which	rtted to	at met.	of Cearl	<u>a</u>		1933
3	work was done, as SILK MILL, SAW MILL, BANK, etc			<i>U</i>			
Ö	10. Date deceased last worked at this occupation (month and year) March 1932	II. Total tir	ne (years) t in this65 yrs petion 65 yrs				
			petion US yIS	Other Contributory Causes of i	mportance:		
12.	. BIRTHPLACE (city or town) Randal	lstown vland		alol a	ge D		
~	7 1 4 2	V	n	artice		luci	
FATHER		m ochem	11				
FA	14. BIRTHPLACE (city or town)	ermany		Name of operation	× Q	Date of	
ER	15. MAIDEN NAME Annie Appo			Whet test confirmed diegnosis: 23. If death was due to external	11/1-		
MOTHER	16. BIRTHPLACE (city or town) Brem			Accident, suicide, or homicide?			
×	2-1	ermany		Where did injury occur?			
17	INFORMANT Mr. J. Fred Schem	m		Specify whether injury occurre	(Specify city or ed in INDUSTRY, In HO	town, county and St ME, or in PUBLIC F	ate) PLACE.
	(Address) Randallstown, M						
18.	BURIAL, CREMATION, OR REMOVAL Place Mt. Qlive Cemetery	2 Apri	1 5 , 1935	Menner of Injury			
	Place In C. Galler	late	7.19	Nature of injury			
19.	UNDERTAKER	00	77	24. Was diseese or Injury In an	ny way related to occupa	tion of deceased?	no
	(Address) 1003/W. Baltim	ore pt.	1	If so, specify	10	0	
20.	FILED ful 4 - 193 17 1	· Luf	Registrar.	(Signed) 4509	Liberty H	eights Av	e. M. D.
-			, Registrar.	" (vaniezz) 1500	AFFYA-YJAL		

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

	3
STATE OF MARYLAND—	CERTIFICATE OF DEATH 0\(\chi 944\)
1. PLACE OF DEATH	93-2
County Dalla	Registration Dist. No. 38
Village or City Carney,	No. St., Ward
Langth of residence in city or town where death occurred 60 yrs 7 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foralgn birth?
Langth of residence in City of town where death occurred 5 9 yrs	As now long in 0.5. ii of loraign birth? yrs,
2. FULL NAME Jerry Dehner	WEX
(a) Residence: No. John Loud (Usual place of abode)	St., Ward. If nonresident give give or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mala white OR DIVORCED (white the word)	Ceft 30 193 5
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF COT WIFE OF Marsus	22. I HEREBY CERTIFY, That I attended daceased from
-/011-1071	, 19, to, 19,
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	I last saw h; death is said
7. AGE Yaars Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Controlly (Courtes des)
9. Industry or businass in which	35
work was dona, as SILK MILL, SAW MILL, BANK, etc	Heart Tailure
10. Date deceased last worked at this occupation (month and afty. 30) spent in this	He had been treated has cardiac trouble.
year) occupation Q	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Salto County!	
(State or country)	
13. NAME folio schuzules	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME AT ASSING- PRIOREST	What test confirmed diagnosis? And Was there an autopsy? Ald
is male mandal regulary	23. If death was due to axternal causes (VIOLENCE) fill in also the following:

MOTI 16. BIRTHPLACE (city or town) (State or country 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER (Address)

If so, specify

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of daceased?

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Accidant, suicide, or homicide?

Whare did injury occur?____

(Address)

V. S. No. 1

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
lay 1,1923	Gastroenterius	1 year
-	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car aly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
() (A 7M (A)	1
Al l. M. Jacou was Called	and
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Said drallywas auxed by trop	able
~ + 11 . Lor 1 +	
acute Heart Jackers	

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V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 18945
1. PLACE OF DEATH	50
County Balto	Registration Dist. No. 44
Village or City	No. Cast view live & Cook Bast. (Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrsmos	ds. How long in U.S. if of foreign birth?mrsmosds.
2. FULL NAME Julia M. Stal	oode
(a) Residence: No. Castrae ar & Word (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 193 5 (Month) (Day) (Year)
5a. If married, widowed, erdiverced +HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
- COULT V. 3 E 7 450(4	May 1934, 19 to Operel 22, 19 38
6. DATE OF BIRTH (month, day, and yeer) Van 28 = 1889	I last saw h & alive on HORIL 22 , 1930; death is said
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date steted above, at
5/ 2 25 1 day,mrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Anglettenson arter de aras
9. Industry or business in which	Casemana A RT BREAST.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Grande Id Procumentosis
10. Date-decessed last worked at this occupation (month and year)	negoraldish failure
Balt gid	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Volus P. Morass	
I Part	Name of operation Removal of at break Date of aux 163
4 14. BIRTHPLACE (city or town)	What test confirmed diagnosis Let Classific Was there an autops?
15. MAIDEN NAME Bridget Morau	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME / Sudgit Morau 16. BIRTHPLACE (city or town). Balto	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Volum V. Serbooks (Address) Ses La Woodbins Cum	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date pul 26, 19 3	Nature of injury
19. UNDERTAKER WIN Cook	24. Wes disease or injury in any way related to occupation of deceased?
(Address), (212) Affaul Sh	If so, specify
20. FILED 4 34 , 1933 John & Cronlelly Registrar.	(Signed) (Address) 8425 E57 asq.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

- A;

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:	FIEWER	
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

of

item

D.

ANENT

BINDING

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

County Baltimore Village or City London Village or City London Length of residence in city or town where deeth occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in	1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City. Length of residence in city or town where deeth occurred. Length of residence in city or town where deeth occurred. Length of residence in city or town where deeth occurred. A could be compared to the country. Mark. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX LOGIOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DUYORCE Centre the world) Sa. It married, widowed, or divorced It mar		Pogiatration Dist. No. 440
Length of residence in city or town where deeth occurred. Length of residence in city or town where deeth occurred. Jrs. mos. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. Jrs. mes. ds. How long in U. S. if of foreign bith? Jrs. mes. Jrs	A le	
Length of residence in city or town where deeth occurred. 2. FULL NAME (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCE, MARRIE, WIDOWED OF DIVIDENCE Ownir the word) 3. SI. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 2. I HER EBY CERT IFY. The I altended deceased of the word of worder of the word of the stated above, et. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Village or City	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE PERSONAL ON STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDWARD OR DIVORCED Growth the world) Fermale Formale		
(a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE PERSONAL ON STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDWARD OR DIVORCED Growth the world) Fermale Formale	2. FULL NAME Elizabeth & mich.	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OB, DIVORCED (write the word) What Married, widowed, or divorced HISSAND C. SINGLE MARRIED, WIDOWED, OB, DIVORCED (write the word) What Married, widowed, or divorced HISSAND C. S. IT MERCHAN, C. S. J. HER EBY CERTIFY. The I attended deceased for March. 10 J. S. Trade, picfession, or particular SAWYER, BOOKKEPER, etc. 9. Industry to business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 11. Total time (years) Separation in the contributory of the month, and separation of the date stated above, etc. 9. Industry to business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) Date deceased last worked at the separation of the date stated above, etc. 13. SAW C. S. Trade, picfession, or particular SAWYER, BOOKKEPER, etc. 9. Industry to business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 11. Total time (years) Separation in the coupling (month and separation) Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) Mall ABIRTHPLACE (city or		St Ward
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Termale While OR DIVORCED (write the word) So. If married, widowed, or divorced HUSSAND (Day) GO ATE OF BIRTH (month, day, end year) AGE Years Months Days IT LESS than 1 day,		
Temale White OR DIVORCED (write the word) Name of operation BRITHPLACE (city or town) 13 J. MANE Lieutus Rougus 14 BRITHPLACE (city or town) 15 BRITHPLACE (city or town) 16 BRITHPLACE (city or town) 17 I. HEBRITH (country) 28 BRITHPLACE (city or town) 29 BRITHPLACE (city or town) 20 BRITHPLACE (city or town) 21 BRITHPLACE (city or town) 22 BRITHPLACE (city or town) 23 BRITHPLACE (city or town) 24 BRITHPLACE (city or town) 25 BRITHPLACE (city or town) 26 BRITHPLACE (city or town) 27 BRITHPLACE (city or town) 28 BRITHPLACE (city or town) 29 BRITHPLACE (city or town) 20 BRITHPLACE (city or town) 20 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 31 BRITHPLACE (city or town) 32 BRITHPLACE (city or town) 33 BRITHPLACE (city or town) 34 BRITHPLACE (city or town) 35 BRITHPLACE (city or town) 36 BRITHPLACE (city or town) 37 BRITHPLACE (city or town) 38 BRITHPLACE (city or town) 39 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 31 BRITHPLACE (city or town) 32 BRITHPLACE (city or town) 33 BRITHPLACE (city or town) 34 BRITHPLACE (city or town) 35 BRITHPLACE (city or town) 36 BRITHPLACE (city or town) 37 BRITHPLACE (city or town) 38 BRITHPLACE (city or town) 39 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 31 BRITHPLACE (city or town) 32 BRITHPLACE (city or town) 33 BRITHPLACE (city or town) 34 BRITHPLACE (city or town) 35 BRITHPLACE (city or town) 36 BRITHPLACE (city or town) 37 BRITHPLACE (city or town) 38 BRITHPLACE (city or town) 39 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 31 BRITHPLACE (city or town) 32 BRITHPLACE (city or town) 33 BRITHPLACE (city or town) 34 BRITHPLACE (city or town) 35 BRITHPLACE (city or town) 36 BRITHPLACE (city or town) 37 BRITHPLACE (city or town) 38 BRITHPLACE (city or town) 39 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 30 BRITHPLACE (city or town) 31 BRITHPLACE (city or town) 32 BRITHPLACE (city or town) 33 BRITHPLACE (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSSAND of Crawford J. Smitch. 56. DATE OF BIRTH (month, day, and year) April 9-1901 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8 1 1 2 2 1 HEREBY CERTIFY. The I attended deceased from the date stated above, et. 3 1, 19.35; death is sit to have occurred on the date stated above, et. 4 1: m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPA	OR DIVORCED (write the word)	21. DATE OF DEATH april 193 5
HUSSAND of Careford J., Smith 6. DATE OF BIRTH (month, day, end year) Africa Q - 190/ 7. AGE Years Months Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular R. Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, DAKK, etc. 12. BIRTHPLACE (city or town) Ballstuly (State or country) 13. NAME Engree N. Thorn (Stete or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Level Say or town (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Level Say or town (Address) 18. BURHALOR (City or town) (Address) 19. Judget Say or town Manner of Injury Manner of Injury	1011acac 1011	(Manth) (Day) (Year)
S. DATE OF BIRTH (month, day, and year) April 9-1901 7. AGE Years Months Days If LESS than 1 day		
TAGE Years Months Days If LESS than 1 day Less than	2/1 0-1901	, 19.2, 19.2, 19.2, 19.2
8. Trade, profession, or particular info down dome as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which was dome as SILK MILL, SAW MILL BAHK, etc. 10. Date deceased last worked at this occupation month and spent in this occupation. (State or country) 11. NAME Evagure N. Thorn (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Evagure N. Thorn (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Justine Name Justine Name Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Evagure N. Thorn (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Suicides N. Sain State 19. John Sain State N. Saw State 19. John Sain State N. Saw State 10. Date deceased of importance: 11. Totel time (years) spent in this occupation Other Coatribetary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? 15. MAIDEN NAME Justine 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Sugure N. Thorn (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Suicides N. Sainfalan 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of		Thou out he are the direction of the second to the second
8. Trade, piofession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc Sy hope 9. Industry or business in which work was done, as SPINK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year). 11. Totel time (years) spent in this occupation (month and year). 12. BIRTHPLACE (city or town) Balbrully (State or country) 13. NAME Engree N. Thorn 14. BIRTHPLACE (city or town). 15. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT Engree N. Thorn (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place. 19. UNDERTAKER Slavage N. Singles N. Dete. Afrail 4, 19.35 19. UNDERTAKER Slavage N. Singles N. Singles N. Septiment Slave (Addiess). 1737 19. UNDERTAKER Slavage N. Singles N. Sin	2 4 11 2.2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Name of operation. State or country	8 Trade profession or particular	
SAW MILL BANK, etc 10. Date deceased list worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Ballscripy (State or country) 13. NAME Cregaria N. Thorn 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Lie is a Rodgiss 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? What was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 17. INFORMANT (Address) Lorlay Ind. 18. BURIAL, CREMATION, OR REMOVAL Place Lorday Ind. 19. UNDERTAKER Lorga N. Lorday Manner of Injury Nature of Injury 19. Was disease or injury in any way related to occupation of deceased? (Signed) M. Manner Rullschip 24. Was disease or injury in any way related to occupation of deceased? M. Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? M. Manner of Injury 19. UNDERTAKER (Address) 19. FILED (13.5 5.19) (Signed) M. M. Rullschip M. Rullschip M. M. M. Rullschip M. M. M. Rullschip M. M. M.	o kind of work done, as SPINNER, of hour	Child hort interin
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Ballstring (State or country) 13. NAME Engine N. John Date of What test confirmed diagnosis? In John Date of What test confirmed diagnosis? In John Date of Injury What test confirmed diagnosis? Occupation Was there an autopsy? See that was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME Line Rodges 16. BIRTHPLACE (city or town) Ballstring (State or country) 17. INFORMANT Engene N. Thorn Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Londay Ma. 18. BURIAL, CREMATION, OR REMOVAL Place South Date Of Injury 19. UNDERTAKER Slavage W. Siehler (Address) Injury In any way related to occupation of deceased? Monator of Injury 24. Was disease or injury In any way related to occupation of deceased? Monator of Injury In Signed) And The State Signed Manner of Injury In	9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK atc	
12. BIRTHPLACE (city or town) Ballstring 13. NAME Engine N. Thorn 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 1	U 10. Date deceased last worked at 11. Totel time (years)	
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(State or country) 13. NAME Engine N. Thorn 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME ducine Rodges 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Engene N. Thorn (Address) 18. BURIAL, CREMATION, OR REMOVAL Place London Lank Am. Dete April 4, 19.35 19. UNDERTAKER Lange N. Pinker Main Lange No. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Lange N. Pinker M. Signed 20. FILED Lange N. Pinker M. Signed 21. Information, or removal and the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Natur	12 BIRTHINI ACT (side or forms) Balling 1.	Other Contributary Canses of importance:
14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 11. Secrify 11. Secrify 12. Was disease or injury In any way related to occupation of deceased? 11. Secrify 12. Manner of Injury 13. Secrify 14. BIRTHPLACE (city or town) Whet test confirmed diegnosis? Was there an autopsy? Was diegnosis? Whete did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 15. Was disease or injury In any way related to occupation of deceased? More of operation Whet test confirmed diegnosis? Was there an autopsy? Was	(State or country)	Venez
Whet test confirmed diagnosis? What was there an autopsy? Lea Bordans 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Loudon lank dem. Dete April 4, 19.35 19. UNDERTAKER Lange W. Pinler (Address) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL (Address) 19. UNDERTAKER Lange W. Pinler (Address) 19. UNDERTAKER Lange W. Pinler (Address) 10. FILED 4/3/5, 5-, 19. FILED Lange W. Pinler (Signed) 11. So specify 12. Whet test confirmed diagnosis? What was there an autopsy? Leave W	13. NAME Express N. of horas	
Whet test confirmed diagnosis? What was there an autopsy? Lea Bordans 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Eugene M. Thorn (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Soudon lank Cern. Dete April 4, 19.35 19. UNDERTAKER George W. Pinler (Address) 17.37 19. UNDERTAKER George W. Pinler (Address) 17. UNDERTAKER GEORGE W. Pinler (Address) 18. UNDERTAKER GEORGE W. Pi	E A RIPTIPLACE CHARLES BAR TO MAN	Name of exercision
15. MAIDEN NAME Live is Rodges 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERT	(Stete or country)	Observed War
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Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 17. INFORMANT (Address) (Addre	(State or country)	
(Address) Lorley md. 18. BURIAL, CREMATION, OR REMOVAL Place Loudon lank Cern. Dete April 4, 19.35 19. UNDERTAKER George W. Sinhler (Address) 1737 8. 1834 1. It so secify 19. UNDERTAKER George W. Sinhler (Signed) Juna Ruelselm 20. FILED 4/3/5, 5, 1947 1. Juna Ruelselm 21. Was disease or injury in any way related to occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 23. Signed M.	Eugene h Thomas	(Specify city or town, county and State)
Place Loudon Park Cem. Dete april 4, 19.35 Nature of Injury 19. UNDERTAKER George W. Sinhler (Address) 17.37 8. 18 18 18 18 18 18 18 18 18 18 18 18 18		
19. UNDERTAKER Seonge W. Sinhler (Address) 1737 8. 1824 19. 11. 11. 12. 12. 12. 12. 12. 12. 12. 13. 14. 14. 15. 15. 15. 15. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	D //	
(Address) 1737 8. 2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Place Loudon lack Cem. Dete april 4, 19.35	
(Address) 1737 68. 1846 45. 11.50 secity 1.50 secity 20. FILED 413/55-1947 (Signed) Shina Ruelselin 18-115 m.d. M.	19. UNDERTAKER George W. Dirhler	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILED 7/9/5 5, 194 1 1/1/10/10/10/10/10/10/10/10/10/10/10/10/		If so specify
Registrar. (Address) Varage To Volta ma	20. FILED 4/3/55-19/10 Wes 10/10mm	(Signed)
	Registrar.	(Address) 1 vraforth votes ma

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: O	Hay 1623	Other contributory causes of importance: Gastroenteritis	1 year

S	TATE	OF	MARYLAND-CERTIFICA	TE C	F	DEATH	(
F DEAT	H						

STATE OF MARYLAND—	CERTIFICATE OF DEATH (2011)
1. PLACE OF DEATH	CERTIFICATE OF BEATT (14,34.)
County Balling	Registration Dist. No.
Village or City Devedall	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrs mosds.
2. FULL NAME Ethel Brain	trachan
(a) Residence: No. 80 Sundalk as	est., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	21. DATE OF DEATH
OR DIVORCED (write the word)	12 1985
5a. If married, widowed, or divorced	(Month) (Day) (Yoar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceesed from
	1933 to april 12 1931
6. DATE OF BIRTH (month, day, and year) May 24-147 7. AGE Years Months Days 11 LESS than	i fast saw held alive on
/ 7 // / 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
Kind of Work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mengan askin a in
O, INDUSTRY DI DUSINESS IN WINCH	Myo carolin 3 chanier Amas
work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
Date deceased last worked at this occupation (month and year) spent in this occupation	
year) occupation	Other Contributory Causes of importence:
12. BfRTHPLACE (city or town) (State or country)	
	Deflethens + Scarles fewer
E Julia // Dyournau	tion 10 years previous
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Que EM Baier	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Balletion	Where did injury occur?
17. INFORMANT Excest M. Strackon	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Po Sundalk are	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Ugric /6, 193 1	Nature of injury
19. UNDERTAKER John Weench	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2008 Orleans	If so, specify
20. FILED US 15 1955 YAM LONGWIND	(Signed) Walling M. D.
Registrar.	(Address) 4616 Rooks

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
SUIFAU V. S.	-		
Other contributory causes of importance:		Other contributory causes of importance:	mad heres
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance 985		Other contributory causes of importance:	
Gallstones RUREAUV. 8	May 1,1923	Gastroenteritis	1 year

5	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	2951
1. PLACE OF DEA	ATH		V Carrier Commence	(210-d)	(001
				Registration Dist. No. 42	
Village or City	Village or City St. Dennis			No. Washington Blvd & Patapsco	R I Ward
Length of residence in	city or town where	daath occurred	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and nuscess	imber)
2. FULL NAME.					
(a) Residence: No.				St., Ward. Drexel Hill. Pa.	
		(Usual place	e of abode)	If nonresident give city or town and S	iste
PERSONAL AI		_		MEDICAL CERTIFICATE OF DEATH	
Male W	or or race		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH April (Month) (Dey)	193 5 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIFY, That I attended do	
6. DATE OF BIRTH (month, d	av and wast	lune I 1	1935		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et. 6-30 A. M.	deeth is said
16 47	10	4 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance were as follows:	
8. Trada, profession, or kind of work done SAWYER, BOOKKE	particular es SPINNER	C1 1-1			Date of oneet
NOO kind of work done SAWYER, BOOKKE SAWYER, BOOKKE SAWYER, BOOKKE SAW MILL, BANK, B		Student		Automobile Accident	
work was done, as SAW MILL, BANK	SILK MILL.	School			
10. Data deceased last we this occupation (myaar)	orked at onth and	sps	time (years) ent in this upation	Drow,ing.	
12. BIRTHPLACE (city or town)Phi	ladelph	la	Other Centributory Causes of Importance:	
(State or country)		nna.			
13. NAME Geo		ton			
14. BIRTHPLACE (city or t		yville		Neme of operation Data of	
		land		What test confirmed diegnosis? Was there an au	topsy?
15. MAIDEN NAME Z	DLt1	dampton		23. If death was due to external causes (VIOLENCE) fill in elso the following:	25
O 16. BIRTHPLACE (city or to State or country)		ladelphi	0	Accident, suicide, or homicide? Accident Data of injury 4/6	19.3.2
				Where did injury occur? Patapsco River, Bal (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	L.o
17. INFORMANT Geo!		and Ave.	Drexel +	Public Place Highway	E.
18. BURIAL, CHEN ATTON OR	REMOVAL /.	0	1	Manuel of Injury Share I tappel	<i>f</i>
Place William	leff kia,	Date Up	Kr. 9,1935	Nather of injury / Concerning	
	ston Son			24. Was disease or injury in eny way related to occupation of daceased?	feet
20. FILED April 9	135 8	em	Registrar.	(Signed) les III les de de la lacolo (Address) 1010 Les de de la lacolo (Address)	Begish.
	If more	blanks are needed,		2411 N. Charles Street, Balismore, Requesting V. S. No. 2.	1 42

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Example I	55 N	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	71921	Run over by street car *	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100	day "		
	40	/	
Other contributory causes of importance:	Da.	Other contributory causes of importance:	
Gallstones	May 11973	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	BY PHYSICIAN	
Correction of age autho				
County Rogister, under	date of	April 12	2, 1935Bu	reau Vital
Statistics, Balto, Md		- 4		
000000000000000000000000000000000000000				

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U4900
1. PLACE OF DEATH	- Control of the cont
County (altimore	Registration Dist. No.
Village or City North Com Read	No. Dogwood Qd. St Ward
Length of residence in city by town where death occurredyrsmos	death occurred in a horpite lor institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Monias James John	Czewske Juin#1
(a) Residence: No. North Wout Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. Nar 21 1935, to Jay 23 1935
6. DATE OF BIRTH (month, day, and year) Mar. 2119 1435	I last saw ham eliva a find 212 1935 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 9.4.m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Brancho- Onewowa
of Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) North Voint Ryal (State or apointry) Balto on M.	Other Contributory Causes of Importance: Jeneral Malneutribus
13. NAME Sept Tomogrossi 14. BIRTHPLACE (city or town) 3 alt b	I (one of twins)
14. BIRTHPLACE (city or town) 2 all B Mark (State or country)	Name of operation Date of Date of Was there an autopsy? No
15. MAIDEN NAME (nes Mulezynski	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Suls Mulezynsus 16. BIRTHPLACE (city or town) Balto mul (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT (nes Tomoscusse) (Address) North Pontr Quad	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA Mary Date Copy 25, 1931	Manner of injury
19. UNDERTAKER John Weber (Address) Ballo.	24. Was disaasa opinjury in any way related to occupation of daceasad?
20. FILE Dr. 25, 1935 4 Melin ies Chi	(Address) Prancus Pour

ODOFO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02954
1. PLACE OF DEATH	(13)
County Balto	Registration Dist. No. 38
Village or City Jowson	No. 6 (Lalar Core St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos	
2. FULL NAME Mary C. Tral	and o
(a) Residence: No. 6 Cedar ava (Usuai place of abode)	St., Ward. Jouron Must
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Sounds OR DIVORCED (write the word) Se. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of George Traband	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) ON 2 1853	I last saw h alive on _ Gyl 2 , 19.35 ; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at
8 6 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPER atc.	Ortinaliums Date of onset
The state of the s	Che lef hypert 1126
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Ch Mysicalta 1966
10. Date deceased last worked at this occupation (month and year) 11. Total tima (yeers) spent in this occupation	
12. BIRTIIPLACE (city or town) Balto Co (State or country)	Other Contributory Causes of importance: A Warman 1935
13. NAME Volus Wenderath	
13. NAME Volu Wen dereth	Name of operation
(State of country)	What test confirmed diagnosis? And from Was there an autopsy? 1
15. MAIDEN NAME (15. MAIDEN NAME) (16. BIRTHPLACE (city or town) Bulls (16. BIRTHPLACE (16. BIRTHPLAC	23. If deeth was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
17. INFORMANT Mary Mans field	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL WILL Date # 215, 1935	Manner of Injury Nature of Injury
19. UNDERTAKER Maile on Took	24. Wes disease or injury in any way related to occupation of deceased?
(Address) 12/7 54 Payel Brites	If so, specify
20. FILED May 3, 1935 Bell Bey are Registrar.	(Signed) W. Biship M. D. (Address) 5VI Shendend &
Registrar.	(modicos) ====d==d==d==========================

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
AND DALACATAND	DI ZIULI	TAIR	T O IA T TTTTT	DISTINGUISION	20 1	T TT T MACATIVE

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred statement (a) Residence: No PHY (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR DIVORCED (write the word) PERMANENT Wonth) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Days properl 7. AGE Years Month's If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset Trade, profession, or particuler THIS kind of work done, as SPINNE jo SAWYER, BOOKKEEPER, etc. plnods back may Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... Date deceased last worked at 11. Total time (years)
spent in this this occupation (month end (that occupation ... instructions Other Contributory Causes of 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHELACE (city or town) Name of operation. plain (State or country) Whet test confirmed diagnosis? ___ Was there an autopsy? Wo carefully MOTHER important. 15. MAIDEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?__ DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether loury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnous OF (Address) 1 BURIAL PREMATION OR REMOVA Manner of Injury WRITE CAUSE mation LION 24. Was disease or injury in any way related to occupation of deceased: 19. UNDERTAKER (Address) If so, specify 2 (Address) ___ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

V. S. No.

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BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

infor state JUPA	1. PLACE OF DEATH	93-3
tem of should of OCC	County Daltimore	Registration Dist. No.
/ iii 0	Village Dr City Mudalle / Coves (I	No. / St., Ward feath occurred in a hospital or inslitution, give its NAME instead of street and number) s. ds. Hnw long in U. S. if of foreign birth? yrs. mos. ds.
D. Every YSICIANS statement	2. FULL NAME anna Vogler	2:441 2 2
PHYSICIANS of statement	(a) Residence: No. Armland (Weal place of abode)	St., Ward. Middle force Middle force for state
PH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECLY. PH.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wholow	21. DATE OF DEATH (Month) (Day) (Year)
BINDING ERMANEN EXACT y classified te.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of To hu Yogler	22. I HEREBY CERTIFY, That I ettended deceased from
SIN ERI EX el	6. DATE OF BIRTH (month, dey, end yeer) January - 28-1852	I last sew Add elive on Lagrif 18, 1935; death is sel
Pl Pl d l d l d l d l d l d l d l d l d	7. AGE Years Months Days if LESS than	to heve occurred on the dete stated above, et
FOR B. IS A PE stated E properly certificate	8/8/2 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
70	9 Tenda profession or particular	Were as follows: Date of onse
HIS Pe	S. Hind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Chronic Myriodiles 1937
RVI could may back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
		-
INI INI E sh at it	To Dete deceesed lest worked et this occupation (month end year) 11. Total time (yeers) spent in this occupation	
ARGIN RE; NFADING I pplied. AGE erms, so that instructions	1	Other Contributory Causes of importence:
GIN FADI ied. ns, so	12. BIRTHPLACE (city or town) (Stete or country)	
MARGI UNFA supplied n terms, ee instru	11 13, NAME Lawrence needbalon	
	E	Trans
	14. BIRTHPLACE (city or town) (Stete or country) Lemmann	Name of operation Dete of Whet test confirmed diagnosis? Ohio Auditor Was there en eu opsy?
5 = 7	15. MAIDEN NAME Corres Markeleon	23. If death was due to externel causes (VIDLENCE) fill belso the following:
	15. MAIDEN NAME Crima Uniform 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Ca TH Por	O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur?
should be car OF DEATH	17. INFORMANT Mr. William Vogler (Address) Honeland well,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
ITE SON SON SE SE N is	Place Mis. Carmel Date 4/20 1935	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER John & Connelly	24. Was disease or injury in any wey releted to occupetion of deceesed?
Z. Z.	(Address) lessen mystig	If so, specify
· (T)	20. FILED 7-19 , 19 35 John /s. Comelle	(Signed) M.
> 2 O	Registrat./	(Address) 6234, Put
	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonítis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritie	1 year
	-	2 6 6	
		90	

V. S. No. 1

of infor-	uld state	OCCUPA-	1
item	sho	of (1
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
REC	Y. P	Exac	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	pe	pe	Jo.
VK-T	should	it may	n back
NG II	AGE	that	ions o
UNFADI	upplied.	terms, se	e instruct
VITH	ully s	plain.	t. Se
INLY, V	be caref	EATH in	importan
PLA	Poulle	OF D	very
-WRITE	mation s	CAUSE	TION is

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH		920			

	-			
0	8	9	5	5

1. PLACE OF DEATH		980	
County Ballo	• • • • • • • • • • • • • • • • • • •	Regist	tration Dist. No. 40
Village or City		No. f death occurred in a horpital or institution, give it ds. How long in U.S. if of foreign bi	St., Ward NAME instead of street and number)
2. FULL NAME Cum	ie I han	W	
(a) Residence: No Mafal	(Usual place of abode)	St., Ward.	resident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2 3 , 193 5 (Year)
5a. If married, widowed, or divorced HUSALW of (or) WIFE of	1- Wanne	NVV 20 ,1934	TIFY. That I attended deceased from to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on tha date stated abova, at	
Z 8 Trade, profession, or particular	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relawere as follows:	ted causes of Importance Date of onset wr 20
wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Toursenfl.	J	(ব্য
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	<u>d</u>	Other Coutributory Causes of importance:	
13. NAME 14. BIRTHPLACE (eity or town)	huson		
	ma	Name of operation	Oate of
(State or country)	F.15	What test confirmed diagnosis?	Was there an eulopsy?
15. MAIOEN NAME MATU	md)		ENCE) fill In also the following: Oate of Injury, 19
17. INFORMANT A COLL T	Nous	Where did injury occur?(Specify Specify whether injury occurred in INOUSTR	y city or town, county and State) Y, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Just The 1	Manner of injury	
Place Manutan (m)	Date 11 1 3 3	Nature of Injury	
19. UNDERTAKER Dand A (Address) handlass	Talls	24. Was disease or injury in any way related if	to occupation of deceased?
20. FILED 7572 19 FALL	nom taxament	(Signed) A a C Y	Swell had M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth?______vrs._____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5e. If married, widowed, or divorced BINDIN HUSBAND of CERTIFY, That I attended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated allove, at 12 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or min. Trade, profession, or particular RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back may Industry or business in which plnous Ad work was done, as SILK MILL, SAW MILL, BANK, etc. no ate deceasad last worked et 11. Total time (years) this occupation (month and occupation. instructions 12. BIRTHPLACE (city or town (Stata or country) FATHER Name of operation. plain (State or country) ully What test confirmed diegnosis?_____ Was there an autopsy?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19_____ 16. BIRTHPLACE (city or town) ... (State or country) Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnous OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Neture of Injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify_ (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yaar)

Date of onset

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FUI	RTHER STATEM	ENTS BY	PHYSICIAN
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(Day)

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	- 1010
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAL
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Date of enset

Registrar.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriasclerasis	1915	Attack of epilepsy	1 week aga	
Chranic interstitial nephritis	1921	Run aver by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastraenteritis	1 year	

ADDITIONAL SPACE FOR FURTHE	RSTATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH aldemore Registration Dist. No. (If death occurred in a hospital or instrution, give its NAME instead of street and number) CIANS Length of residence in city or town where death occurred mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of Know 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days If LESS than to heve occurred on the date stated above, at _______m 2 2 1 day, hrs The PRINCIPAL CAUSE OF DEATH and releted causes of importance or ... min. were as follows: Date of onset rade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Inac may Industry or business in which plnods work was done, as SILK MILL. SAW MILL, BANK, etc ... O. Dete deceased last worked at 11. Totel time (years) this occupation (month and spent in this year) __ occupation /12-1 instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) 13. NAME See FAT I4. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diegnosis?_____ Wes there an autopsy?____ MOTHER IS. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: I6. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Dete of injury_____ 19____ (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMINTION, OR REMOVE Manner of injury CAUSE Nature of injury. 24. Wes disease or injury in any way releted to occupation of deceesed? 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) If more blank the gegand, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1002	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH	(47.8)
County Sallimore	Registration Dist. No.
Village or City Halethorpe	No. Selma Rve St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?
(a) Residence: No. Selma Que. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from 1934 to april 6 1935
6. DATE OF BIRTH (month, day, and year) Capril 30 1920 7. AGE Years Months Oays If LESS than 1 dey,hrs. ormin.	I lest saw h alive on alive on 1935; death is said to have occurred on the date stated above, at 739 m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
kind of work done, es SPINNER. School Gull SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month end spent in this	Carcinoma Pulmonary 1934
12. BIRTHPLACE (city or town) Balto (State or country) Mod	Other Contributory Causes of Importance:
13. NAME Charles H Zafr f 14. BIRTHPLACE (city or town) Balto md	Name of operation
15. MAIOEN NAME ada V. Their dell 16. BIRTHPLACE (city or town) Balto (Stete or country) md 17. INFORMANT L. Charles H 3ept.	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Louden Park Oate Ofice 9, 19 35	Manner of Injury
19. UNDERTAKER John & Denny (Address) 7/5 Ly ha SX 20. FILEO april 6, 1935 Le Keeffer	24. Was disease or Injury In any wey related to occupation of deceesed?
Registrar.	(Address) Halethouse und

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRUEDER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is

V. S. No. 1

should state item of infor-

of OCCUPA-

STATE	OF	MARYI	AND-	CERTIE	ICATE	OF	DEATH
JIAIL		MIVILIE	שוות	CLIVIII	ICITIL	OI.	DLAIII

				F MAR	YLAND-	CERTIFICATE	OF DE	AIH 0	\$364.
1	. PLACE OF					94.			28
	County		timore				Registratio	on Dist. No.	0
			derwood		(If	death occurred in a hospital or in	nstitution, give its NA	ME instead of street an	Ward number)
	Length of resid	ence in cit	y or town where d	eath occurred	yrs — mos	ds. How long in U.S	. If of foreign birth?_	yrs.	mosds.
2	. FULL NAW		Arthur						
	(a) Residence	e: No:	Riderwo	od, Md. (Usual place	of abode)	St., Ward.	lf nonresid	ent give city or town a	nd State
	PERSONA	ALAN	D STATISTI	CAL PART	ICULARS	MEDICAL	CERTIFICA	TE OF DEATH	
	ale		or race		RRIED, WIDOWED, D (write the word) . ed	21. DATE OF DEAT	H April (Month)	25 A	, 193 4
5a.	If married, widowe HU3BANO of (or) WIFE of	d, or divo		de Lamb		22. I HERE		FY. Thet I attende	
6 1	DATE OF BIRTH (n	noath day	and year) Fe	b. 29.	1880	l last saw h_12- alive on	april 2	19.3	death is said
7. /			Months	Oays	If LESS than	to heve occurred on the date	stated above, at 10	20 P. m.	
	5	5	1	6	1 day,hrs.	The PRINCIPAL CAUSE OF I	EATH and related ca	auses of Importence	Date of onset
NO	Trade, profess	ion, or pa	rticular as SPINNER, A	utomobi	le Dealer				according to
ATIC	9. Undustry or b	usiness in	which		LC DOGLO	Coronny Oce	elusion		the haiting
CUPATI	Work was	done, as S , BANK, e	ILK MILL,	******					ANTW
200	10. Date deceased this occupa yeer)	ation (mon	ked et th end	11. Total spa	time (years) ent in this upation				
12.	BIRTHPLACE (city (State or count			ltimore ryland		Other Contributory Causes of	Importance:		
2			er Carr		1				
FATHER	14. BIRTHPLACE		Ro	ltimore		Name of operation.		Date of	
_	(Stete or c			ryland		What test confirmed diagnosis		Was there a	1
1ER	15. MAIOEN NAM	E Fa	nnie Se	lby		23. If death wes due to externa) fill in also the follow	ng:
MOTHER	16. BIRTHPLACE		wn)			Accident, suicide, or homicide	7	Date of injury	, 19
	(State or o			ryland		Where did injury occur?	(Specify city	or town, county and S	tate)
17.	INFORMANT M: (Address) R	rs. ider	wood, M	d.		Specify whether Injury occurr	ed in INOUSTRY, in	HOME, or In PUBLIC I	PLACE.
18.	BURIAL, CREMATI	on, or R	EMOVAL idge Ce	metery	4/27,1935	Manner of injury	-	••••••	
19.	UNDERTAKER (Address) 8	Der	hy U	Meal	es and Son	24. Was disease or injury in a	ny way related to occ		no
20.	FILEO THOUGH	34-	935	5. SP 6	Dryan	(Signed)	M. m. D.	etreg	M. D.
	1		, ,	, ,	Registrar.	(Address)	Muse	ton my	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915_	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OUDEAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year